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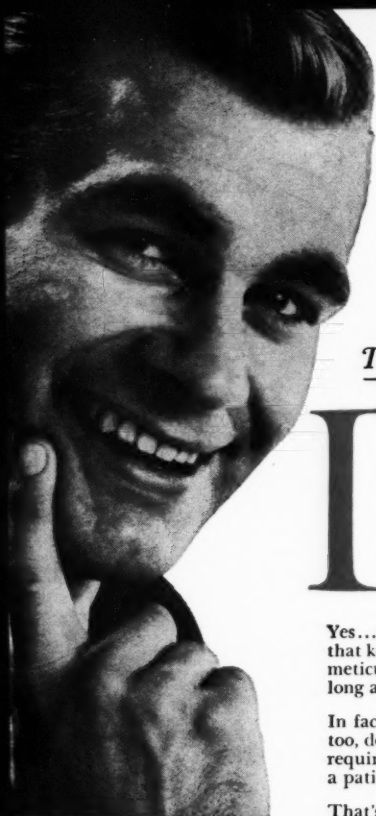
Oral Hygiene

OCTOBER 1959



Bourbon Street, New Orleans, Louisiana, city that will be host to the Twelfth Annual New Orleans Dental Conference November 8 to 11.

In this issue:
THE DENTIST AT WORK



*High Rotary Speeds...Truly Indicate
THE Anesthetic with*

DPD



Yes...patients *do* desire a duration of anesthesia that keeps them comfortable while you do your unhurried, meticulous job...but then doesn't linger unnecessarily long after you've dismissed them.

In fact, isn't that *precisely* the type of duration you, too, desire? Not so short that you have an agitated patient requiring reinjection...not so long that you have a patient disgruntled by protracted paraesthesia.

That's the duration you get with RAVOCAINE HCl 0.4% and NOVOCAIN 2% with NEO-COBEFRIN 1:20,000 and, of course, you also get these other fine features for which this solution is acclaimed:

** Duration
Patients
Desire*

- **Extremely Fast Onset** • **Unprecedented Depth**
- **Unsurpassed Tolerance**

*Go ALL Modern—Order your supply today
in standard or short size cartridges.*



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Laboratories, Inc.

380 BROADWAY, NEW YORK 10, N. Y.



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TO ASPIRIN OR
BUFFERED
ASPIRIN...

TO MINIMIZE TRAUMATIC PAIN

Emotional trauma produced by pain following extraction is also a segment of the pain syndrome which must be taken into consideration and treated. The dentist should find

Anacin particularly effective in the management of such pain.

In addition to affording effective and prolonged pain-relief, Anacin Tablets have a special selective sedative action—superior to aspirin or buffered aspirin.

Anacin exerts a *better total effect* in pain relief by diminishing the emotional upset and inducing a more noticeable state of relaxation. Excellent tolerance.

Anacin lessens the need for narcotics or barbiturates. Preferred by more dentists than any other analgesia.

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FOR A BETTER TOTAL EFFECT

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XUM

The Publisher's CORNER

By Mass



No. 459

A Reader Remembers

AS WE GROW older, we begin to resist changes more and more. We begin to depend more and more upon the old, long-established routines. We are not constantly rechecking for possible changes. We want comfort and ease. We become creatures of habit.

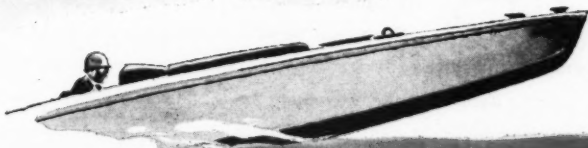
"I must be getting old!" Doctor Harry Cimring writes from his office in Beverly Hills, California. Harry has been doing some special thinking. He continues:

"I recently attended a dental society meeting and strolled past the bar, looking for a familiar face. There wasn't a single one to be seen. I assumed that these must be some of the younger men. But they appeared to be rather weather-beaten, rather shopworn for youngsters. Even when I sidled up to get in on the conversation I found neither familiar dental talk nor friendly smiles.

"A couple of weeks later I strolled into the meeting hall for another get-together, but found no one there. I was on time; was everyone else late?

(Continued on page 6)

*high
speed
operative
procedure...*



calls for high speed anesthesia with

unacaine HCl 3.8%

(METABUTETHAMINE HYDROCHLORIDE)

WITH EPINEPHRINE 1:60,000

For longer duration of anesthesia — in oral surgery or endodontic work — the local anesthetic of choice is —

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PRIMACAINE HCl (with epinephrine 1:60,000) produces fast, deep anesthesia plus extra duration and unusual tissue tolerance.

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The Weber Air Turbine gives you more exclusive features than any other handpiece



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THIS IS HOW A SMALL HEAD LOOKS IN A SMALL HEAD

This is a small four year-old child's **first** X-Ray. Note room to spare when using new small Weber head in the molar region.

Ask about Weber's new financing plan today and the new Web-Air Compressor, specifically designed for ultra-high speed handpieces.

The **WEBER DENTAL** Manufacturing Company Canton 5, Ohio



XUM

"I may be getting old, but in both cases I soon caught on. I had gone to the wrong meeting places. Actually I had gone to the right ones—the same old ones I had grown used to. But the meeting place had been changed. (Or had it?) Perhaps I had better start rechecking everything: dates, places, time, etc."

Harry Cimring closes his letter: "The old saying goes: Never trust anyone—especially yourself."

* * *

At 92 years, Dr. Henry H. Mansfield marks his 69th year in dental practice. That is a long time to devote to any one activity. But Doctor Henry Mansfield, so far as he knows, plans to continue his practice for a while at Jonesport, Maine.

Says the *Bangor Daily News* (of Bangor, Maine): "Doctor Mansfield isn't exactly sure why he chose dentistry over fishing, the leading occupation in his native Jonesport." But choose it he did and he has never been unhappy about his choice. His earliest studies were pursued under the direction of Doctor H. Miles Cochran in Houlton.

After a year in Houlton, Doctor Mansfield entered the old Philadelphia Dental College, from which he was graduated in 1890. A few weeks after that, the doctor set up his first dental office in the old Jonesport Post Office Building. In 1910 he moved again to his present office in the Mansfield Block.

ORAL HYGIENE salutes you, Doctor!



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ANNIVERSARY PACKAGE* we will include FREE a DENTIST BANK



You are familiar with the quality and wide acceptance of Crescent products...To help celebrate the A.D.A. Centennial and enable you to *combine thrift with fun* ... we have prepared the 100th Anniversary Package.

Well known to collectors of antique mechanical banks is the amusing 19th Century "Dentist Bank". Made of cast iron entirely by old hand processes, painted in many colors, originals today bring as high as \$500 when they can be located.

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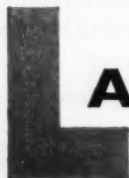
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Not a dressed-up version of any previous chair! Motor Chair M-1 is new from headrest to footrest, with every detail planned for chairside convenience and patient comfort. Ask your dealer for a showroom demonstration of dentistry's most modern chair, or write us for details.

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Bleeding Gums Respond to Oxygenation

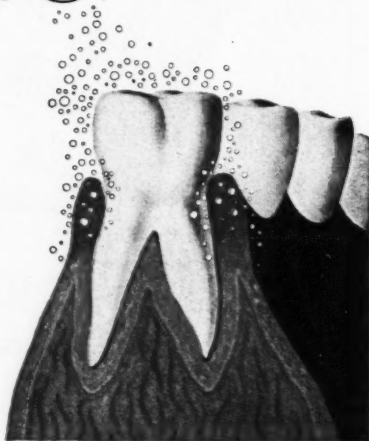
Recent studies interestingly point up the fact that inflamed gingival tissues need and respond to oxygenation.¹

AMOSAN supplies more oxygen—Amosan (Sodium Peroxyborate Monohydrated Buffered with Sodium Bitartrate Anhydrous) supplies 550% more oxygen than Sodium Perborate N.F.² Low surface tension (37.3 dynes per cm.) of AMOSAN solution promotes pocket penetration.

AMOSAN is a 93.3% effective adjunct in treating gingival irritation²—Amosan is a concentrated oxygenating agent that combats anaerobic oral bacteria and instantly supplies millions of tiny bubbles of oxygen needed by inflamed gingivae.

A rigidly controlled double-blind study at a leading medical center³ showed Amosan to be 93.3% effective in the treatment of inflamed bleeding gums.

At the first sign of bleeding gums, gingival recession or tooth mobility, use, recommend and prescribe



1. Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. *Helvets. odont. acta.* 1:13-16, (April) 1957.

2. Behrman, S. J.; Fater, S. B.; Grodberg, D. L.; An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. *J. Dent. Med.*, (October) 1958.

3. The New York Hospital—Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association Annual Session, (November) 1957.

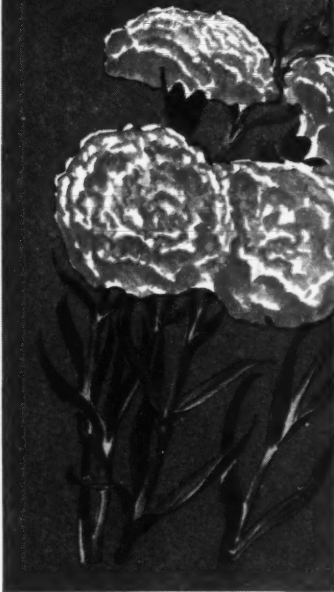
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Together, these carefully developed and blended components produce a color value that is "Nature's closest rival."

When your patients need dentures, they truly need *Vernonite Chromavein*.

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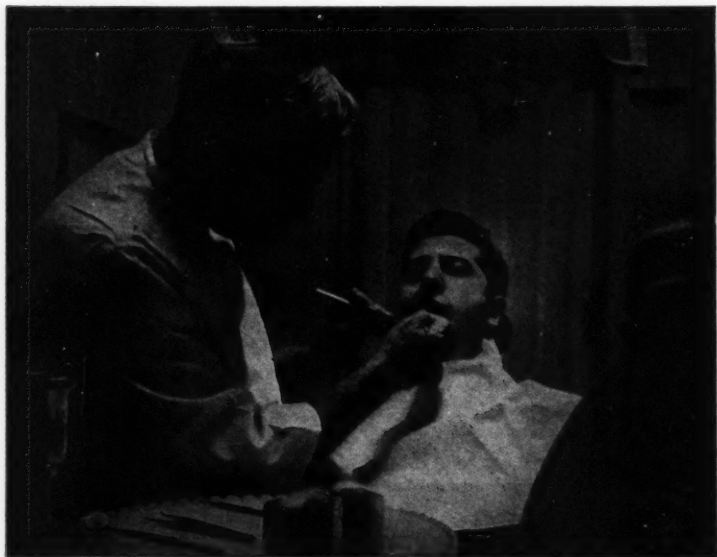
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P. O. Box 1587 • Pittsburgh, Pa.



A report of clinical findings published to date:

ThermodentTM Tooth Paste
relieved and controlled
hypersensitive teeth
in 79.2% of the cases studied



Thermodent as an aid to everyday management of hypersensitivity

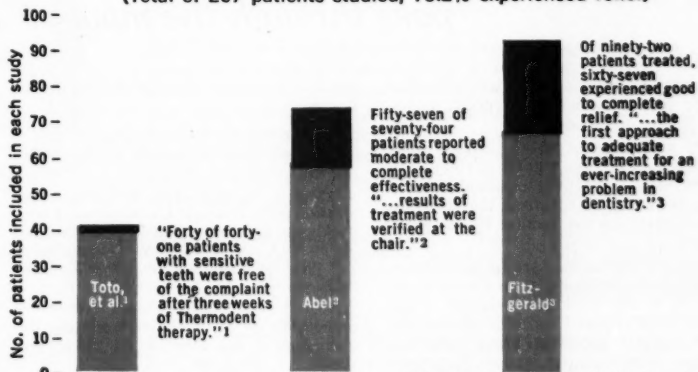
Published reports of clinical investigations show that patients who experience tooth pain from hot and cold or sweet and sour foods—as well as during cold weather—benefit measurably from regular brushings with Thermodent. In 571 observations on 92 patients, it was found that 42% of the patients had complete relief of dentine hypersensitivity—and 30% “good” relief—during regular use of Thermodent. All 92 patients “reported at least some benefit.”³

The reduced sensitivity afforded by Thermodent allows routine and thorough brushing for patients formerly unable to maintain proper oral hygiene. In addition, office visits are less painful because sensitivity to instrumentation is diminished—making for better patient cooperation and a saving of valuable chair time.

Thermodent for relief during painful dental procedures

In periodontia, for example, extreme dental sensitivity is normally encountered. In a recent study restricted to periodontal patients, the effectiveness of Thermodent as a desensitizing agent was shown by the following results: 97% of the patients experienced complete relief from hypersensitivity after three weeks of Thermodent brushing, yet control subjects with sensitive teeth “were not free from the complaint after five weeks on a placebo.”¹

SUMMARY OF RECENT THERMODENT CLINICAL STUDIES (Total of 207 patients studied; 79.2% experienced relief)



1. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: *J. Periodontology* 29:92 (July) 1958. 2. Abel, I.: *Oral Surg.* 11:491 (May) 1958. 3. Fitzgerald, G.: *Dental Digest* 62:494 (Nov.) 1956.

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How quickly does a liquid pass through the mouth?

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vide quick energy pick-up and ready refreshment.

¹ Shaw, Jas. H., Caries-producing Factors; A Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.

² Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.

³ Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

American Bottlers of Carbonated Beverages
WASHINGTON 6, D. C.



enjoyed by Children

preferred by Pedodontists

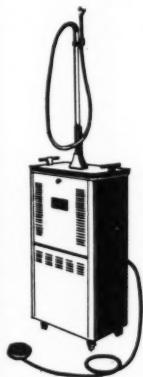
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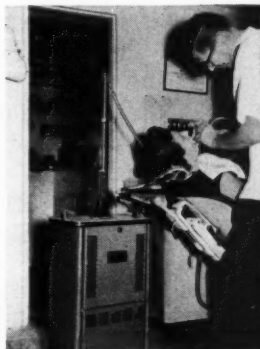


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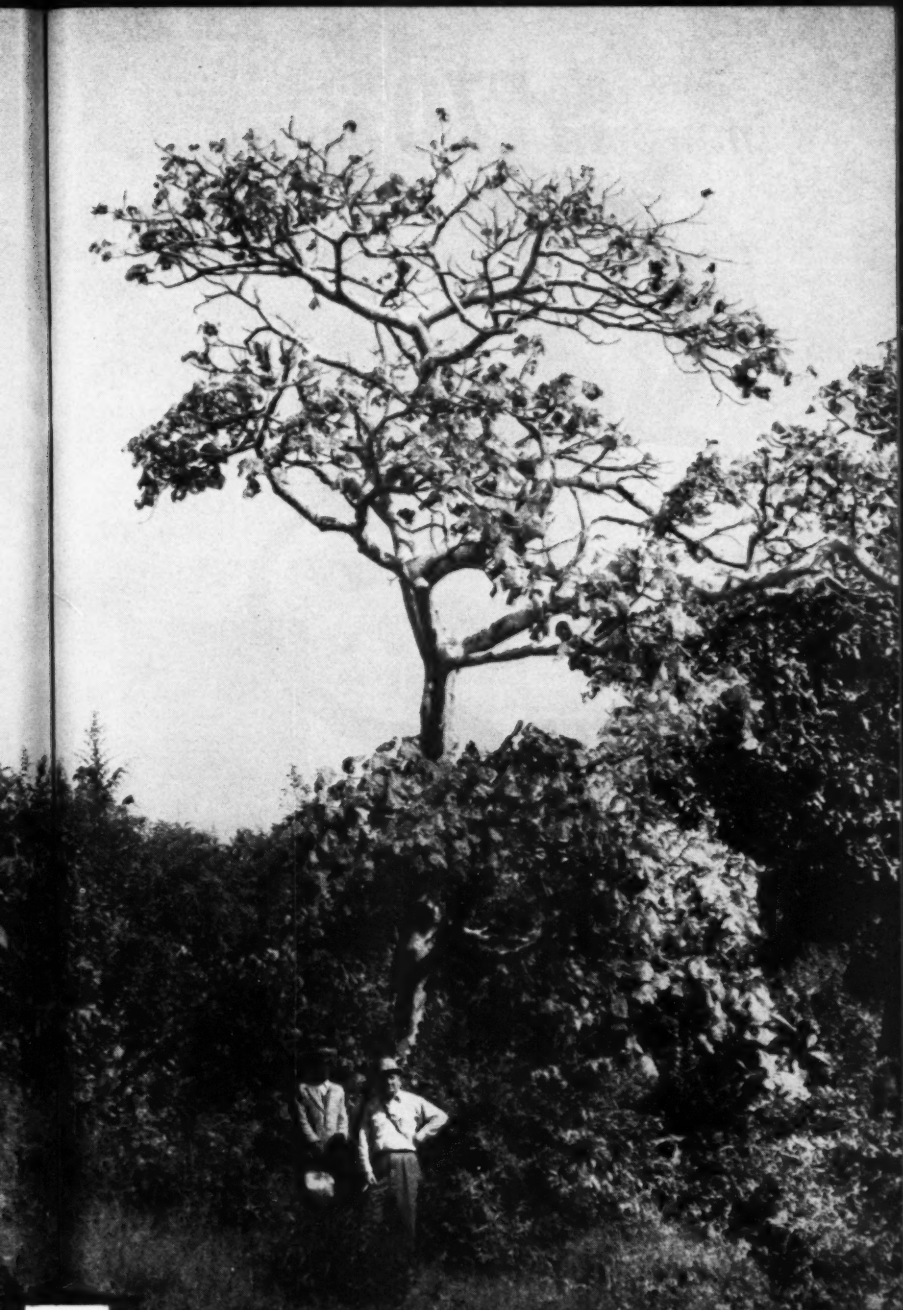
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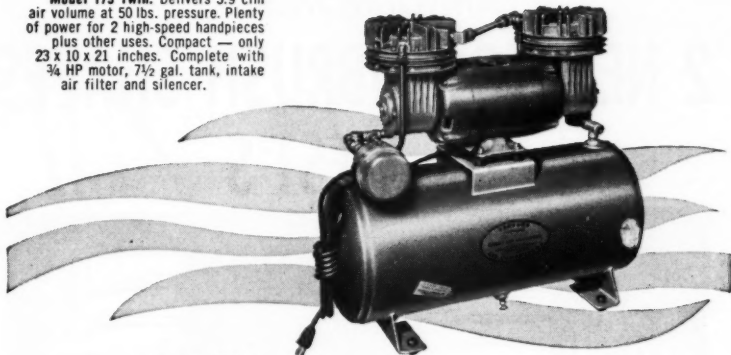


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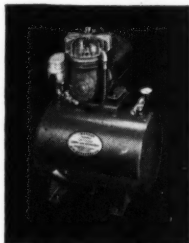
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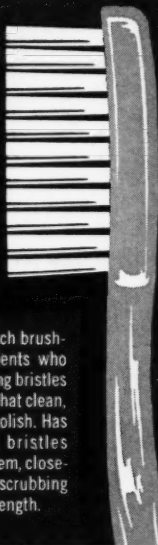
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**Dr. West's
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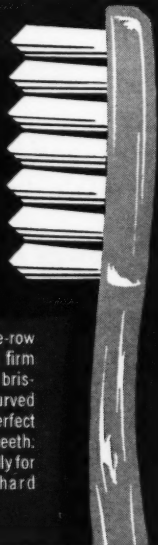
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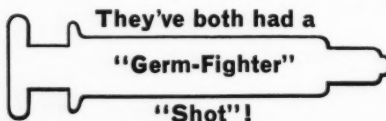
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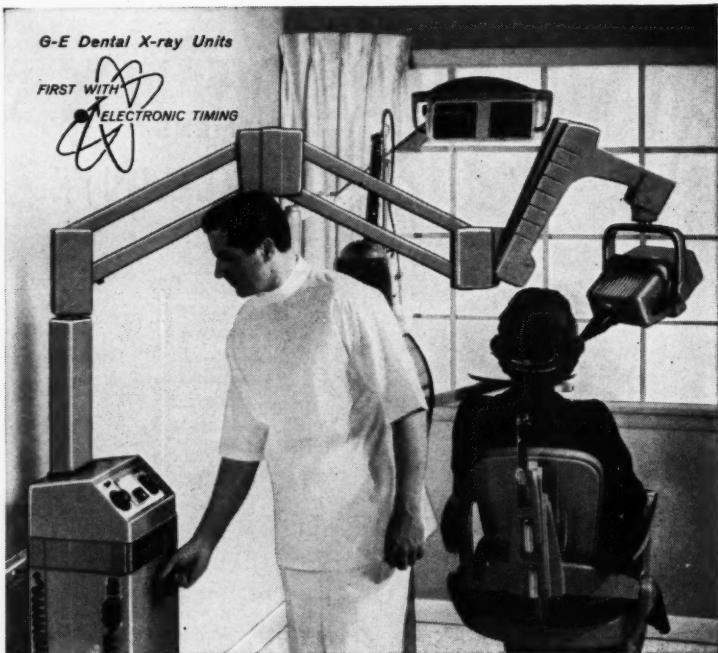
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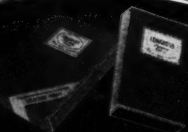


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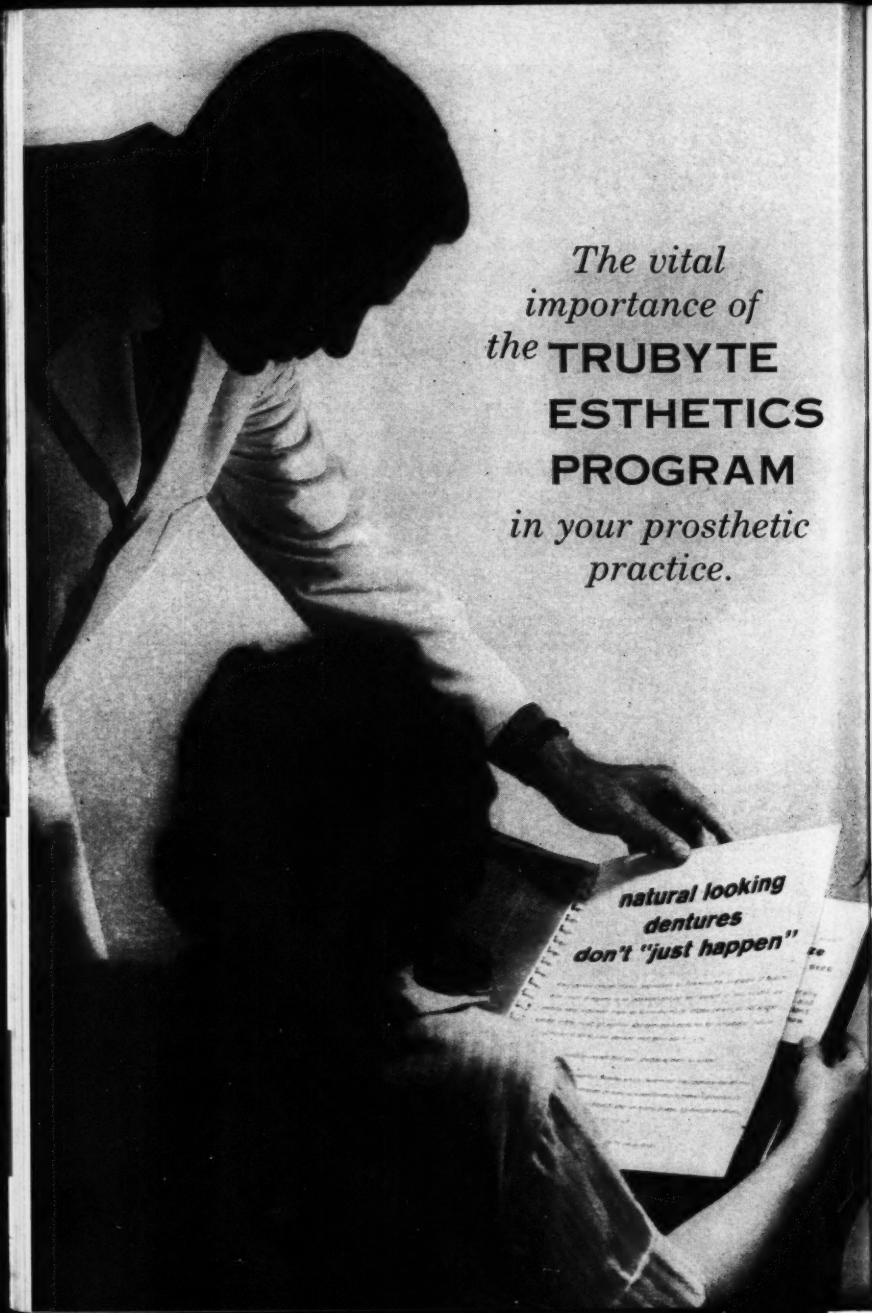
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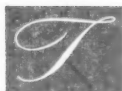
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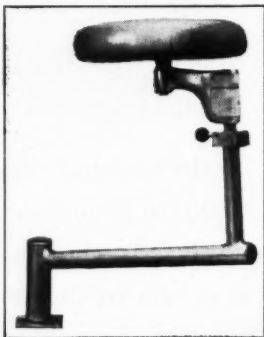
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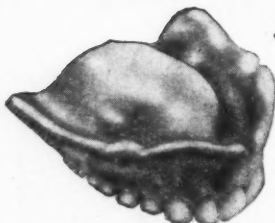


JESSE BLATT, DDS, President of the Hillcrest Heights Lions Club, Washington, DC, makes a double presentation of checks from the club; one for \$1000 to Lions District Governor, C. Carney Smith (left) for the District Eye Bank and one for \$1500 to Raymond J. McDonough (right), President, Southeast Hospital Foundation, for their building fund. This latter gift brought to eighteen the number of contributions received by Southeast Hospital from clubs and organizations in the area, totaling \$26,802.13. To date, contributions from all sources total \$222,169.50.—*Photograph submitted by Mrs. Doris Harris, Hillcrest Heights, Maryland.*

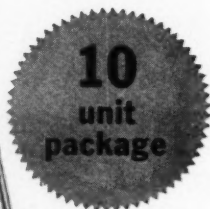
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Is It Time to Take a Look at Your Will?

BY ALLAN J. PARKER, LLB, LLM*

As conditions change your will must be reviewed to be certain it covers the needs of your family.

A WILL is not a piece of paper which you sign and forget. It is a living document that should be reviewed, and where necessary, changed, to reflect changes in the family it is designed to protect: the property which it is designed to distribute; and the laws, including tax laws, under which it will be distributed. Taking a look at your will means literally "look at it," because among other things, you should check on its actual lo-

*Mr. Parker is a member of the New York Bar.

cation. Make sure your wife or other designated executor knows that you have a will and where it is. Do not make your family, already under serious stress, turn your household upside down searching for a will they know you have made. Sometimes, incidentally, it is possible for a lost will to be admitted to probate on the basis of an unsigned copy in your attorney's files, but such a proceeding at best is time-consuming, expensive, and somewhat uncertain.

In the first place, if your existing will was written by you yourself, without an attorney, this does not have to mean that it is not a valid will. In fact, it probably is. But this does not mean it is necessarily the best for you. The "do-it-yourself" movement has not yet spread to the restoring of cavities; and it should not affect the drawing of wills either. The modest fee an attorney would receive for checking this will is well worth it.

Just about the same advice applies if your will was an Army will or a ready-printed form from a stationery store. This was no doubt drawn by a lawyer, but he was not your lawyer and did not have your problems and your family in mind any more than did the intestacy laws.

But assuming your will is a more or less typical "first" will and testament, which leaves your property to your wife and to a trustee for the benefit of your minor children until the youngest

child reaches the age of twenty-one years, it still may be time to review this will.

Most typically, you may have more children, more life insurance, and more savings than you did when you first executed this will, say, five years ago. If it is still what you want—fine, you will lose nothing by looking it over. But watch out for relatively small changes in your family's situation that may require changes in your will.

Trustee Changes

For instance, five years ago Doctor John White named as a trustee and guardian of his children, in the event that he and his wife were in the same airplane that crashed or otherwise failed to survive their children, a couple who were then their close friends and neighbors. Three years ago, however, these friends were transferred to a city a thousand miles away. Now they only exchange Christmas cards. Doctor White's brother, a bachelor five years ago, is now happily married with a child of his own. Logically, he would be the one to take care of the children in the remote possibility that they should be left as orphans. Logically, too, he and his wife should be named trustees and guardians.

Or, still on the important subject of who your executor will be, you may have entrusted this responsibility to your wife, as most people do. This may be fine for a small

or medium-sized estate. But if your savings have grown and particularly if your investments are not the usual listed stocks, insurance policies, and savings accounts, but something more complicated, you might consider naming your attorney or perhaps, even better, a bank to act as executor of your will together with your wife. A bank's services as executor, of course, cost money, but frequently the question is not whether your estate can afford to have this service; the question is whether it can afford not to have it.

Perhaps a beneficiary's health and capacity to act have also changed with the years. It may be that a wife who is no longer so young as she once was should not be burdened with the management of a substantial estate with tax, record-keeping, and investment problems. Perhaps a bank should be called in to help her.

A son or daughter may need the protection of a trust because of their own bad habits, extravagance, or inability to handle money.

Again, if your estate has grown since your last look at your will, estate taxes might not have been a factor then but they are now. Your attorney may suggest some changes such as perhaps only giving half of your estate outright to your wife and the balance to be kept in trust for her benefit. This procedure will avoid a second estate tax on this property at her death.

Or perhaps when you last looked at your will there were no grandchildren and now one or more have appeared on the scene. On the chance that your son or daughter may not survive you, you may want the share, which he or she would have taken, to be held in trust for your grandchildren.

Maybe you have simply moved since you last checked your will. This can also make a difference. For example, perhaps you now live in a so-called community property state where the laws regarding the distribution of estates are different from those in non-community property states. Every time you move, new laws apply and should be checked.

Your choice of executors and trustees should also be reviewed. A New York City bank, for instance, usually cannot and does not want to act as executor and trustee of an estate administered in the courts of California.

Review Your Insurance

Hand in hand with a checkup on your will, of course, goes a review of your whole estate planning picture—particularly your life insurance settlements. What policies do you have; what are their values; to whom is the death benefit payable, and in what manner?

Twenty years ago, for example, it might have been desirable to leave the proceeds of a policy with the insurance company after death for the company to pay out the

interest income and the principal amount of the policy to your widow in equal monthly installments over a period of, say, 15 years. Today, with creeping inflation threatening to turn into a gallop, a fixed-dollar income of this sort for fifteen years might be totally undesirable. It might be better to leave the entire proceeds to your widow in a lump sum and hope that she can invest it in common stocks as a partial hedge against inflation. At any rate, today's inflation indicates that no insurance settlement or other portion of your estate plan should be so inflexible that a fixed-dollar investment can never be changed.

Your life-insurance checkup is also a good time to consider term insurance which may be due to expire in a few years. Should it be renewed, or converted into ordinary life or some other type of insurance, or should it be permitted to expire? Or perhaps an insurance policy has loans against it which should be discharged.

You begin by checking your will and your whole estate plan yourself. Remember that if you need advice, there are many people ready to help—your lawyer, insurance broker, or a trust officer of your bank. Your lawyer, for example, can help you with changes in your will, perhaps by drawing a short amendment called a codicil. The codicil is attached to the will and witnessed in the same manner. Where possible, it is desirable to

have the same witnesses for both documents. More extensive changes in your will, however, may require redoing the entire instrument.

Incidentally, if you have lost track of the witnesses to your will, this in itself is a good reason for having the will redone—even if no other changes are made. Otherwise your executor and his attorney may have to spend time and money (the estate's money) looking for these witnesses, accounting for their whereabouts, and checking their signatures if they cannot be found. If none of these confirma-

tions can be made, the will may be void because it cannot be admitted to probate. Also, the absence of witnesses is an incentive for anybody who might want to start a will contest.

Is it time that you checked up on your estate plan? It costs nothing to think about it and even a modest attorney's fee is not nearly as expensive as maintaining an estate plan which does not perform its function of protecting your family in the way you wish.

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ANXIETY AND DEPRESSION FROM EMOTIONAL STRESS

ALL PEOPLE suffer from transient anxiety and depressive states due to the inevitable bereavements, disappointments, stresses, and strains of life. They usually get over them on their own, helped perhaps by the sympathetic understanding of a relative, friend, or minister of religion. Many symptoms are produced by such emotional upsets, from headaches, insomnia, or palpitations, to anything else of which a patient may possibly complain. In children, behavior disorders—from tantrums to truancy—often take the place of subjective symptoms; their understanding and treatment are an important part of general practice.

Every organic illness has its natural psychologic component, which may be mild and hardly noticed or severe; some are more likely than others to be accompanied by superadded emotional upset—for example, cancer, venereal disease, arthritis, heart attack, or stroke. Certain symptoms are particularly prone to cause reactive anxiety or depression, such as pain, bleeding, a lump, failing vision, deafness, or infertility. Influenza, sinusitis, and jaundice are sometimes associated with, or followed by an unusual degree of depression, which also occurs after treatment with certain drugs (sulphonamides, reserpine), and after deep x-ray therapy. Rehabilitation following any serious injury or illness brings its own emotional problems.—*British Medical Journal, London*

Ask Yourself These Questions



Before You Buy Stocks

BY DAVID L. MARKSTEIN

A cautious, informed approach to the stock market is urged by this investment counselor.

THERE is an adage in Wall Street, and I am one who believes it, that more amateurs lose money in the stock market than make it. This probably applies doubly to professional men such as dentists, most of whose time is taken up in study and keeping up with the developments of their own profession and who consequently have few hours available for the stock market.

Today there is an added danger. Many dentists along with other investment amateurs are leaping into a boiling stock market frothed over with speculative activity. Sometimes—to the consternation

of responsible elements in the market and in the investment business—they are committing funds which should never be invested, but rather retained for family and professional use.

When a new client comes to me I like to ask him a number of questions. I believe these can help him greatly in determining what he wants to do, and in helping him to do it successfully.

If you ask *yourself* these 7 questions before you buy stocks, they can save you from serious mistakes in Wall Street and help you to take more money out of the Street than

you put into it. Here they are:

1. *Have I provided for my family's security?*

There are certain things a man must have and do before he puts aside money to invest. He ought to have sufficient insurance — on which current premiums are paid and preferably advanced premiums as well—to provide for the complete security of his family in the event of his death and to provide income for himself, his wife, and his children, should he become disabled.

The dentist should have a home. This should either be paid for or he should possess a substantial equity in it and be certain that he is not committing funds to Wall Street, which may be needed for the vital roof over his family's head.

Finally for his family's and his own security he should have a sizeable bank balance. None of us knows when emergencies will strike or when the need for added funds will become great. If you have to cash stocks at an unfortunate time you may have to take sizeable losses. So before you buy them, be certain that you have a bank balance sufficient not only for normal needs but emergencies as well.

2. *Is my practice in sound financial shape?*

By that I do not mean to determine if your practice is taking in sufficient income over and above your needs; that much is basic, and we are going here on the as-

sumption that you have sense enough not to take bread out of your family's mouth—that your practice is a good one and it is providing money for investment *above* your living needs.

However, your practice, like your family, needs certain funds. You have to look ahead to the time when additional equipment may be needed, additional office help may be required to take care of a growing practice, and even when larger or better-situated quarters may be necessary for the continued growth of your practice. When that time comes, will you have the funds in the bank to provide these essentials? Before you take money away from your practice you should be sure that it, like your family, is in good financial shape.

(And I suggest here that the money we are talking about for the financial soundness of a dentist's practice should be kept in cash or in Government bonds. A word of warning on the latter: The bond market fluctuates just as does the stock market, although not in such sizeable swings as do stocks. There are two general types of government bonds you can purchase. The first is savings bonds—not only the familiar "E" bonds but less well-known "H" bonds which are sold in multiples of \$500 and which you buy at par at a national bank and redeem at par; they pay you semi-annual interest checks. There are also "marketable" government bonds. These are "coupon

bonds" that can be transferred from one person to another. There is a regular, organized market in them. In times such as the present when interest rates are high, these coupon bonds tend to decline in price to bring their interest in line with prevailing rates. As a consequence, you may have to cash up marketable bonds at a lower figure than that at which you bought them—unless you hold them to maturity. So if you put money which may be needed for your family or for your practice into bonds, buy either Savings Bonds or marketable bonds with an early maturity.)

3. *What is my objective in investing?*

I find, and I believe most other investment advisors agree, that the greatest number of amateur investors lack a clear idea of what they wish to accomplish by investing.

Basically there are three objectives: The first is to conserve the constant dollar value of capital, and for this purpose bonds and cash are ideal.

The second is to achieve a high current income from dividends and from bond interest. For this purpose you buy stable stocks that yield $4\frac{1}{2}$ per cent to 6 per cent. From these you will get little capital growth, but you *will* achieve a high current income.

The third objective is to make your capital itself grow, to build a fund against retirement or a child's education, or otherwise de-

fer the take you expect from the stock market. For this you will want stocks of sound growing corporations. These stocks will not pay you much in the way of dividends; your yield is more likely to be in the neighborhood of 2 per cent than 5 per cent. But over the years—if they are well chosen, well managed, well supervised—your capital can double or triple.

To a large degree these three objectives are incompatible. That is, you cannot go after all three. You must determine which is *your* objective and go strongly after that.

For the dentist who does want to get a certain amount of income and also wishes to make his capital grow, I recommend that he approach investing as if he were actually investing two separate "Funds." One of these funds will be aimed at yielding him a sound income that is as high as possible consistent with safety. The other fund, completely separate, should be composed of strong growth stocks to furnish sizeable capital gains over the years.

This plan has considerable advantages over trying to make a single hodgepodge account do many jobs. It allows each component of the investment portfolio to be judged on its own record and to be planned for a specific purpose. It allows the dentist-investor to allocate his total portfolio to the two funds with an eye to how much he wishes to achieve each objective. And just as important

as any of the other advantages, it keeps his thinking clear on what he is doing and why he is doing it in each of his funds.

4. *Do I wish to invest or speculate?*

There is a vast difference between the two. Often a dentist who starts out with calm and moderate ideas of being a long term investor takes a little flyer here and a little flyer there, then catches the speculative fever from a few isolated successes—or worse, tries to recoup losses by plunging more heavily—and finds that he has dissipated in speculation the capital he so carefully built up for investment.

This is meant as no knock at speculating or trading in stocks. Both are businesses for the professionals. The amateur who is investing as a sideline will do far better to remain a long-term *investor*. But whichever you do, know what you are doing. Clearly decide: "I am a speculator" or "I am an investor," and hew closely to that established policy.

5. *Do I want to do this on my own or with advice?*

Many dentists have been successful investors with no professional assistance at all. These have invariably, however, been men who recognized that investing is a business or a profession. Like every other business and profession, it will not run itself. And what it requires is twofold: First, careful constant, continuing analysis of

stocks to find the right holdings to fit your objectives and uncover promising situations, which may appeal to you, to give you a clear, complete understanding of what you are doing. Second, and equally important, successful do-it-yourself investing calls for study and supervision of your investments.

All this presupposes a tremendous amount of study. This study cannot be done once in a while; it is a continuing project. Conditions change daily. You must read constantly to keep up on the economic situation; where it stands; where it is going. You must understand the stock market itself and learn about the industries in which you invest—and, most particularly, about the *stocks* in which you invest. From week to week, month to month, even day to day, you must know whether the stocks you have bought remain good buys and good holdings or whether they should be switched into more promising investments.

Most dentists do not have the time for this. To help them there are a number of highly competent professional investment counselors who not only advise you on what to buy and when to buy it, but who will continually manage your account for you. Their fees are not large in relation to the size of your holdings and are fully tax deductible.

It is important that you take one or the other of these two courses: do it yourself and put in the time,

study, and attention this requires; or hire a professional and after satisfying yourself that he is a man who knows his business, follow what he advises.

6. *Am I psychologically prepared to be an investor?*

Long ago J. P. Morgan was asked, "What is the stock market going to do?" To which he replied, "Sir, it will fluctuate." That is the one sure thing about investments. They will fluctuate. Even stocks which are rapidly moving up in value do not move up in a straight line. They go up; they go down. They fluctuate from month to month, from week to week, even from hour to hour.

Some men and women are psychologically unable to watch this fluctuation and contain themselves. I have known investors who became highly nervous from watching the "tape" and from reading the fluctuations in the financial page. And I have seen others who ruined their chances for investment success by trying too hard to take advantage of these fluctuations.

So if you are a nervous person who lets these fluctuations get you, the chances are you should stay out of the stock market. But if you can pursue a course coldly, calmly, and intelligently, and not let minor happenings fluster you—while still keeping your mind open and flexible—then Wall Street may hold great success for you.

7. *Am I immune to rumors?*

Just as certain as fluctuations in the stock market are the rumors which flow across boardrooms, financial journals, and brokers' desks every day. Most of these are passed on sincerely by well-intentioned persons. But the fact remains most of them are untrue, or distorted. Unless you are immune to rumors, stay away from the stock market. On the other hand, if you are a person who likes to investigate before he invests and who believes nothing which is not proved—who bases his decisions and actions on cold facts—*then invest.*

2232 Wirth Place
New Orleans 15, Louisiana

ILLNESS AND SOCIAL ENVIRONMENT

THE EVIDENCE indicates that the reaction of a man to his life situation plays a role of significance in at least one-third of all episodes of disease, regardless of their nature or location, their cause or their severity.

A much more accurate prognosis can be made, if it is derived from past health patterns, plus a thorough knowledge of the individual and his life situation. Effective treatment involves much more than medications, operations, or psychotherapy.—HINKLE and WOLFF, from *Medical Science*

The Dentist at Work:

Finishing the Inlay and Crown

BY CHESTER J. HENSCHEL, DDS

SUCCESS or failure of a cast restoration often hinges upon careful inspection and finishing before cementation. A few critical adjustments may determine whether or not this particular restoration will be a credit to the operator and of lasting benefit to the patient. Adjustments can be made laboriously, or quickly with a little ingenuity.

Steps:

1. Examining and correcting internal defects
2. Freeing internal surface area
3. Trial seating
4. Adjusting contact points

INTERNAL DEFECTS: After pickling, remove investment debris and polish. The inside surfaces of the casting should be thoroughly inspected *before* it is placed near the tooth. For this a lens or jeweler's loupe, about five or seven power, is average useful strength. Missed by the sharpest unaided vision are particles of investment, cleansing and polishing debris, casting nodules, and curled, blunted or split margins.

Investment may be scratched loose and blown or washed out. Nodules are removed with sharp

NEW SERIES: THE DENTIST AT WORK

This is a new feature that will appear on an every-other-month schedule. It is specifically prepared to give practical information as simply as possible. It is styled for the dental clinician.

The Special Editor for THE DENTIST AT WORK is Chester J. Henschel, DDS, of New York. Doctor Henschel has lectured extensively before dental organizations and has published more than 50 articles. He is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science.

We will welcome the reactions and suggestions of readers to this new series.

EDWARD J. RYAN, DDS
Editor

burs. The size of bur depends upon size of defect but No. $\frac{1}{2}$ or No. 1 are most useful. For really minute nodules deep in angles a home-made spear drill is best.

Rx: Take a dull or broken No. $\frac{1}{2}$ or No. 33 $\frac{1}{2}$ handpiece bur and taper it to needle sharpness, then facet two or three sides with a wet safe side disc. These may be reused and resharpened repeatedly.

Important: In removing nodules, cut thoroughly and radically—more than seems necessary—to avoid undetectable protuberance and interference in seating.

For working inside a casting use available binocular accessory lenses. The confidence, accuracy, and satisfaction of binocular magnified vision, cannot be overemphasized. Lenses will help the dentist to see things he never saw before.

SPACE FOR CEMENT: At this stage, if it has not already been done in the laboratory, "free" or ream out internal cast surfaces facing the pulp, staying two millimeters away from any margin. With cast crowns or jackets there is rarely any problem with retention. With inlays, care should be taken not to lessen retention. Avoid slice-lock grooves and axial-line angles facing outward; confine cutting to surfaces facing pulpward. This space assists remarkably in allowing easy seating during cementation. It also allows room for insulating varnish and

cement. Coincidentally, it prevents contact between thermal conducting metal and vital dentine close to sensitive pulp tissue.

While this free space may be cut with burs or sandblasted in the gold stage, many dentists prefer to shim the die before waxing. The dry and unoled die is painted, using a fine sable brush with colored lacquer (some use nail polish). Several coats may be applied, but as with burs, never within two millimeters of any margin (Fig. 1). A heavy lubricant-like Vaseline® is necessary to prevent wax from adhering to lacquered surface unless waxing on .00075 gold foil burnished over lacquered die.

TRIAL SEATING: Before seating any three-quarter or cast full crown, be certain that trip handles were waxed and cast or soldered on lingual aspect (also facial on full crowns (Fig. 2). Without handles, an unusually tight fitting casting may be damaged in removal. Soldering is done easily free hand with 18 or 19-gauge scrap wire and 14K solder. Before cementation the handles are ground off and the area polished.

The cleansed casting is now pressed gently onto the tooth. Should contact points seem "tight" look for shiny gold spot or mark with dental floss colored by pulling between a fold of soft articulating paper. Shiny gold may be dulled by flaming and quenching in al-

cohol or painting with chloro-percha. Grind shiny or blue spot, then satin finish, using time-saving "Henschel Tandem Mandrel" (Fig 3). With MOD inlays, or three-quarter or full crowns, only experience and keen observation can help you decide whether mesial or distal contact is high. Utmost caution is urged, as a tight mesial contact can make a correct distal seem tight by thrusting casting distally, or vice versa. If contact is shy, use high karat solder to rebuild.

CORRECT OR REMAKE: When the contacts are no longer tight and the casting still resists seating, it is *the* moment for thought and decision: Can you remember anything specific that would cause this misfit? Can you see an obvi-

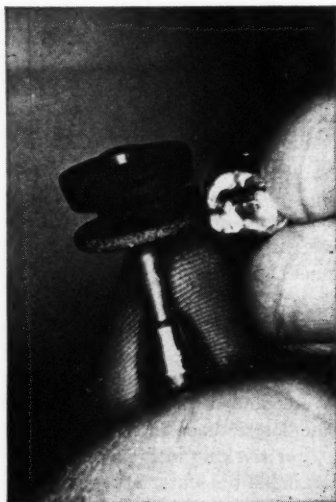


Fig. 3. Tandem mandrel—grinds and satin finishes



Fig. 1. Stone die painted with black lacquer to create shim for space between gold and dentine



Fig. 2. Trip handle cast on lingual of cast veneer crown

ous and simple binding spot or area? Shiny gold inside or gold color rubbed off on dry dentine sometimes locates the site of bind-

ing. Most often the simplest, quickest, and *best* solution is to start over. Recheck the preparation, improve if possible, and reimprint.

THE GOOD OLD TIMES

X-RAY MACHINES were not standard equipment. Those who had them boasted of the fact by posting an "X-Ray" sign in their windows.

The expansion technique for gold inlays was unknown.

Diamond stones, carbide burs, high speed hand-pieces, and cooling techniques were still to come.

Gold shell crowns, soldered pin-facings, and occlusion-less bridges were common.

The old plaster breakout technique made each partial case a nightmare. Hours were spent putting together the jig-saw puzzle of tiny plaster fragments.

Yes, those were the good old days?

And did the partials fit? They sure did, after the abutment teeth were ground to fit inside the clasps. You see, tooth preparation and denture design were not understood too well.

The one-piece elastic impression material was still a longing dream.

—MILTON HYMAN, DDS, *The New York State Dental Journal*

THE COVER

THE NOSTALGIC picture of Bourbon Street in New Orleans represents an invitation to The Twelfth Annual New Orleans Dental Conference to be held November 8 through 11, 1959. Night clubs along this street feature the Dixieland jazz music, which originated in New Orleans. At the left is the famous Absinthe House, erected in 1806 as a combination residence and business establishment and later named for the absinthe frappe served there. Doctor A. W. Nolan, Chairman of the Public Relations Committee, on behalf of the New Orleans Dental Association, extends a cordial invitation to this important scientific meeting to all dentists of the United States, Canada, Mexico, Central and South America and the Caribbean. He urges them also to participate in the social events of the Conference, which it is hoped will promote inter-American understanding. For detailed information on the meeting, address Doctor A. W. Nolan, 1112 Maison Blanche Building, New Orleans.—*Photograph courtesy of Bureau of New Orleans News.*

pain

DISCOMFORT

hurt

Be Cautious

With Your Words

BY WILLIAM R. SMITH

ARE YOU creating unnecessary problems during your dental operations and possibly losing patients because of thoughtlessly chosen words? Are you aware that an inappropriate sentence or a facial expression can intensify a pain or possibly create one that did not exist beforehand? Have you ever considered the fact that a simple redirection of your dentist-patient conversation might possibly produce a more comfortable and satisfied patient as well as shorten the operative time for a given procedure? If you are uncertain or have negative answers for any of the foregoing questions, you may be cheating yourself out of time, money, and possibly patients.

Consider the word "pain." There is probably no word in the language of mankind with a more universally understood meaning. It is

always interpreted by a normal person as descriptive of something disagreeable that is going to happen to him. The first reaction of a person who realizes that pain is in store for him is to become tense and to wait with increasing anticipation and uneasiness for its arrival. This lowers his pain threshold and makes him difficult to manage. It is also likely that this condition will cause him to misinterpret harmless stimuli as pain.

Does it not seem sensible that the dentist should eagerly avoid use of the word "pain" or any others that convey the same impact? "Is this painful?", "Does this hurt?", "This is going to be a bad one!", or "This is going to hurt, so brace yourself!" are all suggestions which are harmful. Although their significance may go unrecognized by the dentist, their meaning is clear to the patient, and he will surely react accordingly.

A careless phrase or an unguarded facial expression can create tension and intensify pain in the dental patient.

By a process of substitution it is always possible to use words which tell the patient what you wish him to know without exciting his imagination in those areas you wish to avoid. For example, in almost every instance in which the word "pain" is used, the word "discomfort" will convey to the patient as much information as he needs to have. A patient often interprets pressure as pain, but one must be aware that it is also possible for him to interpret pain as pressure if he is given a little encouragement. It is far better to have him interpret pain as pressure than pressure as pain! Tenseness, apprehension, anxiety, are always associated with pain but seldom with pressure.

There is no mechanism in the mind, which causes bad suggestions to be ignored and good ones accepted. They are equally effective whether intentional or unintentional, good or bad. Thus it is that since suggestion is the cornerstone of hypnosis, many dentists who would never become involved in anything related to the subject are actually using many of the techniques of that field every day—and often to their own disadvan-

tage. Ironically, one would have to study these techniques in order to recognize and avoid using them!

Almost every person is suggestible to some degree. Prestige is an important factor in the acceptance of suggestion, and the dentist certainly occupies such a position in the eyes of his patients. Also of importance is the degree of emotional involvement of the patient at the time the suggestion is given. The greater the involvement the greater the impact, and who can believe that the patient who comes to the dental office filled with fears, anxiety and apprehensions, is without emotional involvement. Call it nerves if you wish, but that does not alter the fact that you are dealing with an experiential situation highly responsive to suggestion.

The avoidance of certain words and phrases can lessen undesirable effects; it is equally true that these effects can be lessened still more or prevented entirely by words and phrases carefully chosen. A statement such as (a) "Brace yourself—this may hurt!", could be reworded as (b) "You'll be comfortable. I'm just going to apply a little pressure here" or (c) "You'll feel some pressure but it won't bother you." Notice in particular that statement (a) sets the stage for trouble by confirming the patient's natural fears while the statements at (b) and (c) do just the opposite. There is even a preference between statements (b) and (c). Notice that

(c) is a negative statement in the sense that it tells the patient how he will not feel but fails to tell him how he will feel, while statement (b) tells him how he will feel, what he will feel and works on the percentage that pain may be suggested into the realm of pressure sensations.

For every detrimental conviction a patient has there are always a number of possible replies which will undermine its foundation. Anything which forces the patient to examine the possibility that his belief may be based on improper information or outdated facts will raise a doubt, modify the conviction, and thus lessen the undesirable results it would have caused.

Imaginary Pains

There has been an attitude among members of the health professions that once it has been determined that nothing organic is wrong with a patient the whole problem can be dumped back into his lap by telling him it is all in his head. After a time the professional man seems to develop a contempt for those with low pain thresholds and neurotics with imaginary pains. Because of this I have taken every opportunity, when working with members of the profession, to create imaginary pains. In the hypnotic situation, the subject is asked if he would like to experience an imaginary pain. Once permission has been granted, an imaginary pain is carefully and systematically

created in a perfectly sound finger. This is carried to the limit of the person's suggestibility or endurance, whichever happens to be the case. Despite the existence of profound pain, a logical conversation can be carried on regarding the involved finger without a lessening of that pain. The subject will agree that the finger is perfectly sound, that there are no bruises, cuts, burns, abrasions or other trauma present. *In fact there is absolutely nothing wrong with the finger in any way except that it hurts.* After such an experience the person usually has a different attitude regarding imaginary pains, because he realizes for possibly the first time that a pain is a pain regardless of the mechanism which promotes it.

Now what does this have to do with the manner in which the dentist should guard his speech? Simply this. Both the trance and the pain developed during the trance are the result of nothing but suggestion, and since much of the dentist-patient conversation involves suggestion one should keep in mind what the possible end result may be, especially if the wrong one is given. A puzzled look, a statement, a glance or any communication between the dentist and the assistant that indicates concern about the outcome of an operative procedure is a suggestion. Hesitancy and indecision are also suggestions, and all of them are harmful.

Even a few simple rules of pa-

tient management can be of benefit. For instance, (1) The dentist must appear confident because confidence inspires confidence. (2) He must appear certain even when in doubt. (3) His conversation and instruction to his assistant must be such that it can only be interpreted as meaning that the situation is well in hand and that nothing is going to disturb the comfort of the patient. (4) He must remember that because anything created by suggestion can be destroyed with suggestion, the autosuggestions of the patient can be negated by equally strong counter suggestion.

The operator must believe in what he is saying. Insincerity has a hollow sound, and so does a suggestion given by a person who does not believe what he has said and does not really expect what he is asking for. This is why hypnosis students are encouraged to see, experience, and produce all the phenomena possible because having done so they know that what they are attempting is possible, and have faith in the procedure. Faith is also contagious, and it is sensed by the patient and acted upon accordingly. The dentist "knows" when he is faced with a serious problem, thus he can convey the information expertly without half trying, but he may not "know" that pains can be stopped and started with words and would therefore have difficulty conveying a belief which he does not have.

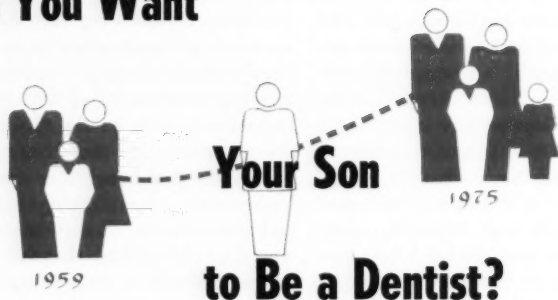
There are two problems in the

dental situation which require a different approach than those already described. Gagging and involuntary swallowing are so responsive to suggestion that the dentist would do well to make no mention whatever of either, unless he knows how to handle them. Although neither of these responses causes any real harm, they can be bothersome when taking x-rays and impressions. This is one case where it is imperative that the dentist, untrained in suggestion, circumvent the problem by following this simple rule: *Never mention the word "swallow" or "gag" to a patient unless you want him to do so.* Instead, try to interest him in something and keep his attention on that subject until you have finished the treatment that gagging or swallowing would disrupt. To distract his attention is not good enough. It must be centered on something and kept there.

And now, a desirable philosophy regarding the use of suggestion. If you follow the correct principles, you should begin to notice after a reasonable length of time that life is just a little easier for you than it once was. Since this problem has two sides, your patients should also notice that their lives as dental patients have become a little easier. And remember it costs you nothing; you would have used the same number of words anyway!

4509 Nicholas Drive
Knoxville 18, Tennessee

Do You Want



BY HERBERT G. FRANKEL, DDS

FOR the June issue of *ORAL HYGIENE*, 1948, I wrote an article entitled *SHOULD MY SONS STUDY DENTISTRY?* In this article I took the position, that dental education was becoming such a complex proposition that many of the subjects required for predental education made it difficult to compete with other professions. I stressed the high cost of a dental education and cited figures of years ago and compared them with the costs of 1948. I also discussed the amount of clinical training of the 1948 graduate as compared to those of my age group in the 1910-1930 era.

During the last ten years there have been many changes in den-

tistry and dental education, and I decided to see just how my statements made in 1948 compare with the facts of 1958 and 1959.

Do we have enough dentists?

My answer to this question is a definite "NO." Since the end of World War II the public has become more dental conscious. More people are demanding dental services than ever before. In many states and cities dental appointments are at a premium. I know of areas where it is necessary to make dental appointments three to six months in advance in order to obtain dental service. In some of the specialties, such as orthodontics, patients are being put on waiting lists for eight to eighteen months. At present we have a national ratio of 1 dentist for

Only positive action on the part of the dental profession, in the opinion of this author, will bring young men into dentistry in required numbers.

1886 people, but according to statistical records, at the present rate of production of dentists, in 1975 this ratio nationally will be 1 dentist to 2187 people. In order to maintain our present ratio we would have to increase our graduates by one third.

Are we recruiting students satisfactorily? Again my answer to this question must be "NO." In 1958, 4 per cent fewer students applied for admission to dental schools than in recent years. We are meeting with greater competition from scientific and technical education. Not only are the universities out recruiting for this type of education, but industry itself is going after the best students with persuasion, grants and loans, in order that more students may be channeled toward the great pool that technology needs for research and development.

What can we do to counteract this trend and improve our recruitment policy? Some years ago our dental societies held Dentist-Student banquets. All of the young men and women in high school graduating classes and freshmen

in colleges were invited to a dinner with their local dental society. After the dinner, the deans of the neighboring dental schools gave prepared talks on the advantages of a dental education and, at a social hour, the students mixed with the local dentists, who invited them to visit their offices in order that they might become more familiar with our profession. Because it was almost impossible to gain entrance into dental school during the years after World War II, these dinners were abandoned. I certainly believe they should be revived and sponsored by the universities and the American Dental Association.

I am also convinced that if we expect to compete favorably with those of science and technology, we must change our ideas in reference to pre dental education. An engineering degree can be obtained in four years or by the cooperative system in five. If the engineer wishes a Master's or a Doctor of Philosophy degree, he can obtain it in from one to three additional years.

In dentistry, two years of pre dental study are required, but in 90 per cent of the cases, it takes three years of pre dental work, before admission, and in many cases pre dental students have taken four years. Dental school requires four years of study. This, plus one-year internships, Army service, and two to three years of postgraduate study for any particular specialty,

means that our dental education can last over a period of from 7 to 10 years.

I feel that it is possible to shorten the preidental courses of study without materially handicapping the quality of the dental graduate.

I believe he should have the essential sciences necessary for dental school, but some of the less important subjects might be omitted. Some of the specialties are now permitting the graduate to take preceptorships under strict supervision, thereby enabling the individual to earn a living while completing his graduate education. It is also possible that where graduates wish to obtain their bachelor of science degrees, they can accomplish this by attending night classes at universities, after graduation.

What about the cost of a dental education? In 1948, I felt that the cost of dental education was high, but in 1959 the cost has really risen. During the last four years general college education has jumped about 33 per cent over the preceding four years, and I am told it will rise about the same amount during the next four years.

It costs the average dental student nearly \$3000 per year to go to school. This includes tuition, books, laboratory fees, instruments, food, rent, and other personal items. Two-fifths of this amount is for school expense, the remainder for living expenses.

Six out of ten dental students

finish their education in debt.

After graduation the dental student must go further in debt in order to equip his office, which he discovers will cost him \$10,000 or more.

In comparison, the engineer may be subsidized by some industrial firm, he may also work part time for this firm during his student years, thereby aiding himself financially toward the cost of his education, and when he graduates he is immediately given a good paying job in industry. He has no equipment to buy, no office rent to pay, and in most instances he is the recipient of many social and retirement benefits, which the young dentist has to pay for in addition to all his other obligations.

What can dentistry do to help the young graduate? I doubt if we can do anything about the rising costs of education, dental or general. These are caused by the inflationary government practices, and until the government can stabilize prices and costs, we as a minority are helpless.

However there are a few things that dentistry and we as individuals can do to help:

1. We can shorten the preidental education period, thereby saving some time and expense.

2. We should ask our associations, fraternities, and state societies to establish student loan funds at low interest rates for deserving students, men and women.

3. We could establish more preceptorships or associateships by opening our offices to the young graduates. In fact, many dentists are overworked and need the assistance of younger men to carry on. Law firms have practiced this for many years and it is highly successful.

I believe that if our dental schools would teach their graduates that their greatest future lies in a good associateship, instead of trying to make them believe that they can make a success on their own immediately, we would be able to lick the man power problem more quickly. There are older men who have fine practices, who would be more than willing to take in younger men, if they felt that these associateships would be more or less permanent. However, you cannot blame a successful practitioner for being suspicious if he feels that the young graduate is using him only to get a foothold for himself.

Do we need more dental schools? My answer to this question is a qualified "YES." At the present time we have 47 dental schools graduating about 3000 dentists per year. In some areas there is a definite shortage of dentists, especially large cities with-

out dental schools. In our city, this situation has become acute. Cincinnati at one time had two dental schools and a good percentage of the students remained here after graduation. Today, with no schools, our dentist-age has become one of the oldest in the United States and our ratio of dentists to population is disturbing. We have a wealth of clinical material, with few clinical facilities, and patients that are unable to get appointments. This is the typical picture in many areas and the only answer is more dental schools.

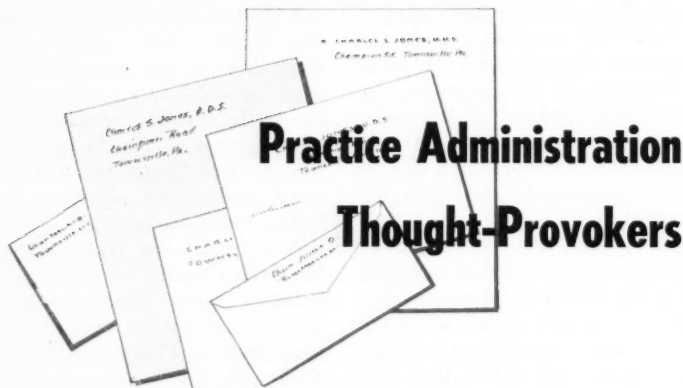
How can we obtain dental schools? We must awaken public interest to their need.

We must explore every avenue of assistance, financially and educationally, for their establishment.

It is time for the federal government to be apprised of the need for more dental education, and for us to ask for grants and subsidies to establish the needed schools.

I feel that if we want our sons and daughters to be dentists, it will be necessary to change some of our ideas and methods of recruitment.

811 Doctors Building
Cincinnati 2, Ohio



Practice Administration Thought-Provokers

BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

Remember Your Patient's Interest May Not Always Be Yours!

Too often as a dentist you are concerned and talk about dentistry in terms that fail to get the attention or acceptance of your patient. Instead of saying, "I want to show you!" try using the phrase, "You'll be interested in this . . .," or, "This is important to you because . . ."

Buy New Office Furniture Now!

A forecast by the magazine staff of *Modern Office Procedures*, indicates that you can expect higher prices for new office furniture in the future. Almost 50 per cent of the manufacturers surveyed expect new price increases averaging about 5 per cent before the end of 1959. Also, the survey pointed out that there is a growing popularity of bright and pastel colors in all types of office furniture, increased use of modular furniture and of plastics and fabrics with greater emphasis on function.

Check the Letters Sent From Your Office

1. Does your letterhead reflect the office personality you wish to create?
2. Do you use a quality paper, a size of paper and envelope that are in keeping with the type of patients you want to attract?
3. Does the type of your letterhead reflect professional dignity?

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis. Doctor Lapp's latest book, written with William W. Frank, entitled "How to Outsell the Born Salesman" has been published by Macmillan, New York.

4. Do recipients have to search to find your address in writing to you?

5. Do you have your name typed below your signature in order that recipients can be certain of the signature?

6. Are your letters short, precise, and to the point?

7. Do you make certain that your grammar, as well as the spelling of all words, is correct?

8. Do you use letters as practice-builders by sending thank-you notes, congratulatory notes, sympathy notes, and notes of condolence?

Ordinary Life Insurance Combined With A Variable Annuity

Fidelity Bankers Insurance Corporation of Richmond, Virginia, has a new plan that combines ordinary life insurance with a variable annuity in the form of shares in a common stock fund established and managed by a Fidelity subsidiary. Fund shares, which carry no load charge, are offered only to policyholders. This fund is different from most in that shares are converted to a fixed-income annuity upon maturity; whereas most variable annuities change in value not only during the premium-paying years, but in the income-paying years as well.

Miniature Dictation System

Scribe's new SI 70 remote dictation features the Miracle Mike desk station, which occupies only 5 x 8 inches of a desk top. The recorder can be operated by a thumb control bar which controls recording, stopping, starting, play back, and correcting of errors. The new system is available, or information concerning local availability, from the Scribe Distributors Company, 6949 West North Avenue, Oak Park, Illinois.

Circular Pocket Calculator

A new circular pocket calculator is now available at your local office supply dealer. This calculator is three and a half inches in diameter, weighs eleven ounces, but it calculates to 999 trillion and divides to eight decimal places. It can be used to add, subtract, multiply, find squares and cubes, and does cumulative multiplying or dividing by a constant factor.

Make Your Point of View Felt!

It is important that each dentist personally, and collectively through his dental society, should make his point of view known to his Congress-

man on legislation now pending to provide medical benefits through federally subsidized health insurance plans.

Improve Your Speech With These Six Suggestions

Paul Mills and Bernie Roberts of Sales Power, Inc., New York City, suggest the following points for improving your speech:

1. Speak with enthusiasm, as your voice mirrors your personality and feelings. Remember, if you are tired and grouchy it is reflected in your voice.

2. Keep monotony out of your voice by putting peaks and valleys into what you say. For the peaks, emphasize key words and phrases. Keep the less important words in the valleys.

3. Avoid strain in your voice. Bend your ear over and listen to yourself as you speak. You will be surprised how you will lower your pitch, relax your voice box, and speak more distinctly and pleasantly.

4. Watch your posture when you speak. Sit or stand up straight to obtain proper muscular support for your voice.

5. Move your lips when speaking, use your tongue, and open your mouth.

6. Put more bass into your voice by holding the lower tones created by L, R, M, N, and NG.

*Washington University
St. Louis, Missouri*

THE LAW AND THE DENTAL HYGIENIST

IT is certainly unrealistic that the law should imply that scaling should be confined to supragingival areas. A prophylaxis cannot be performed unless the subgingival calculus is removed and the roots in these areas planed smooth. This is taught as a basic principle of prophylactic procedures in every dental school throughout the United States. Unless the hygienist can do a thorough prophylaxis her existence is not justified.

It seems logical that, if the hygienist is properly trained for the removal of calculus for the prevention of disease, she should be capable of doing the same procedure in the preliminary phases of the treatment of periodontal diseases, according to the concept of the majority of periodontists. This philosophy has guided the instruction of the dental hygienist at the University of Southern California School of Dentistry. It seems reasonable that the law should be written in a manner that would make this auxiliary person most useful to the maintenance of the public health.—PERRY RATCLIFF, DDS, *Journal of Western Society of Periodontology*

So You Know

Something

About

DENTISTRY!

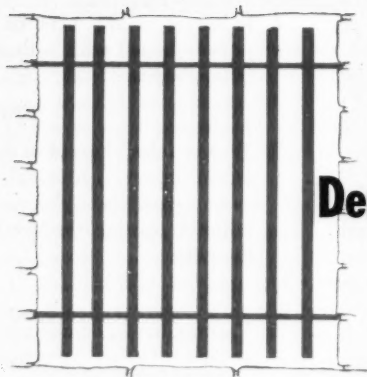


By ROLLAND C. BILLETER, DDS

Quiz 181

1. True or false? Probably the most important single factor in the artificial denture is tooth arrangement.
2. Should stimulants ever be administered in cases of cerebrovascular accidents?
3. In the roentgenogram, which is more discernible? (a) the periodontal space, (b) the lamina dura.
4. Is actual enlargement of the jaws obtained with orthodontic appliances?
5. True or false? Except in mechanical injury, periapical disease occurs via a descending pulpitis, causing the death of the pulp.
6. Vacuum-fired porcelain is (a) stronger, (b) weaker, than the usual baked porcelain.
7. Can visceral pain express itself in sensory spinal nerves and the 5th cranial nerve?
8. To assure complete volatilization of inlay wax, it is advisable to start with a (a) cold, (b) warm, oven.
9. What is the most prevalent periodontal disease in childhood, especially during puberty?
10. The magnitude of galvanic currents (a) diminish, (b) increase, somewhat as the restoration ages.

FOR CORRECT ANSWERS SEE PAGES 75 and 76



Dentist at Alcatraz

BY WALTER C. AMES*

THE fashionable residents of Encino, California, a new town in the heart of San Fernando Valley, who are patients of a friendly grey-haired dentist, probably do not realize that he once tackled some of the toughest teeth in the world.

Soft-spoken Doctor Maurice Sollman just does not look the part of a man who, back in 1934, gave up his practice in San Francisco to go to the "Rock"—as Alcatraz Prison is familiarly known—and set up the first dental office in a prison where only the most hardened criminals are allowed.

But anyone who was in dental practice during that era probably

realizes that it was easy to find patients but hard to get them to pay their bills. In other words—there was a depression.

"It didn't take me long to grab that offer to go to Alcatraz to set up the dental facilities," Doctor Sollman recalled. "For a young fellow wondering where his next paying patient was coming from, this was a Godsend."

He actually was working for the Surgeon General's office following his appointment and did not know exactly what was wanted when he first packed his dental instruments in a neat kit and boarded the ferry for Alcatraz.

Stepping onto the dock of the island which sits in the center of San Francisco Bay, Doctor Sollman

*Mr Ames is a staff writer for the *Los Angeles (California) Times*.

A dentist relates some of his experiences treating the country's top criminals.

strolled through the gates only to be halted abruptly by an alert guard. He had tripped the warning buzzer on a newly installed "stool pigeon" which indicated he was carrying metallic instruments of some sort.

It took some tall talking and finally a call to the warden's office, before Dr. Sollman, a stranger on the "Rock," was finally cleared through the security gates.

"Since I was not allowed to leave any instruments around the office at night, having my bag checked became a twice-a-day chore," he laughed. "Finally, we reached a sort of gentleman's agreement on the situation. Then I was only subject to spot-checking.

"I didn't know exactly who were to be my patients," Doctor Sollman continued. "Everything was hush-hush. But then the word filtered through that we were getting a new set of distinguished boarders.

"It started with a special railroad set-up in which three private cars started from Atlanta, Georgia, and traveled across the country. The project was known as 'bamboo cosmos' and the prisoners were referred to as 'furniture.'

"Only the most notorious badmen of that era made the passenger list. They did not know

where they were going when they were hustled aboard the train at various Federal prisons. Only when the cars were safely aboard a railroad barge and tied up at Alcatraz was the secret revealed. That's when my work began in earnest."

In effect, Doctor Sollman became dental nursemaid to such gangland characters as Al Capone; George (Machine Gun) Kelly; "Silent Jim" Ryan, Capone's deadly enemy; and other such infamous killers and racketeers.

"Most of them had never been to San Francisco, and when I saw



Doctor Maurice Sollman of Encino, California, was the first dentist to practice at Alcatraz when it became a Federal prison during the depression years.

them most were still in a daze over what happened to them," he declared.

Many of the men had made efforts to disguise such things as their fingerprints, their facial features, and other identifying marks. Doctor Sollman was instructed to make complete dental charts on each of the new arrivals.

"I guess I was the most feared man on the island," he laughed. "When I told them to 'open up' they did it. All of them pleaded 'take it easy, doc.'"

In the seclusion of the gleaming white dental office he established in the prison, Doctor Sollman came to learn many facts about his patients. His bulging files now contain vivid stories of how these top criminals made the one mistake that cost them their freedom—most of these facts were gleaned from the men themselves as they boasted, bragged, and confided in the young dentist who took care of their toothaches.

"Everybody despised Harmon Waley who had snatched an infant, George Weyerhauser of Tacoma, Washington," Doctor Sollman went on. "They called him 'baby snatcher.' One day he was working the laundry mangle with Capone. Capone started taunting Waley and the latter grabbed a handful of wet towels and smack-

ed Capone across the face. Before the guards could break it up the pair had put on a beautiful fistcuff job and I had a couple of mouthfuls of teeth to repair.

"Capone and his hated rival, 'Silent Jim' Ryan, tossed insults at each other for two years. Then Capone began to lose his mind. He was hospitalized and, ironically, his orderly was Ryan. Guards wondered what would happen. Nothing did.

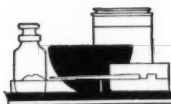
"Ryan merely explained. 'How can you hate a guy who is going nuts?'"

Earl Phipps, a bank robber who had welched on two of his pals, kept a wary eye out on each new arrival for years, fearful that he might be either of the two men. Finally, one of them, Joe White, was captured and sent to Alcatraz. The pressure proved too much for Phipps, Doctor Sollman revealed, and he was sent to a Missouri hospital after losing his mind.

Doctor Sollman remained as the Alcatraz dentist until 1937, when he resigned to reenter private practice.

So far he has never had one of his old Alcatraz patients make a return visit. Most of them are still on the "Rock."

*202 West First Street
Los Angeles, California*



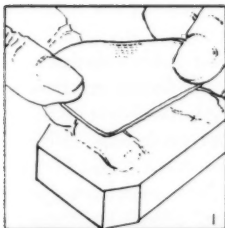
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

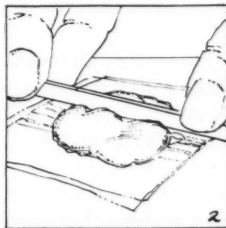
Quickly-Made Impression Tray

By JOSEPH J. BECKNER, DDS

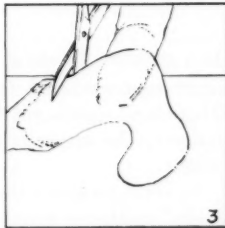
Drawings by Dorothy Sterling



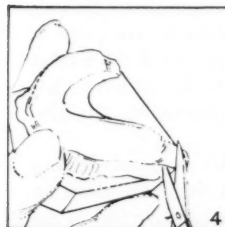
Pour model from snap impression. Cover with a wax spacer. Mix a batch of quick-curing acrylic to the consistency of thick cream.



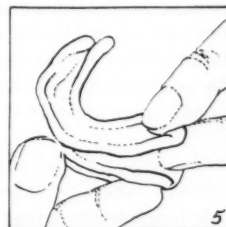
Pour the acrylic onto a 6" square of moist cellophane and cover it with a second square. With a spatula or straight-edge, spread the acrylic to even thickness.



Remove the top layer of cellophane. When the surface of the acrylic loses its stickiness, cut through both acrylic and lower layer of cellophane, shaping roughly to fit model.



Place (acrylic-side down) over the wax spacer on the model, and trim to fit. Peel off cellophane. Coat fingers with Vaseline®. Press and shape acrylic.



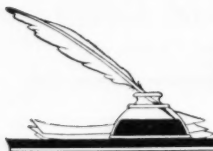
Wait until the acrylic has attained sufficient hardness, then remove from the model and strip away the wax spacer.

Note to Contributors

We invite dentists to submit material for this page. \$10 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

October 1959



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely
according to my conscience above all liberties." John Milton

LOCAL DIFFERENCES IN DENTAL PRACTICE

IF A DENTIST travels about the country and visits some of his colleagues he is impressed with the local and regional variants in dental practice. There is no significant difference in the technical procedures except qualitatively. The *attitudes* that dentists have toward their profession differ widely.

In some localities the dentist considers himself to be a merchant. He "sells" amalgams at so much a surface. "Teeth cleaning" takes 15 minutes and is done for a standard low fee. The first extraction costs so much and each succeeding one a bit less—the bulk sale, wholesale concept. Patients are given every chance to shop around and bargain for services. This merchandising and competitive method of practicing dentistry could hardly be defined as being professional.

In other and more enlightened communities the dentist lets it be known to patients that he is practicing a profession where diagnosis, judgment, full-treatment planning, prescription, and health standards, are more in keeping with the healing tradition than are the mannerisms of the market place. Where dentistry is practiced with this attitude the dentist has higher standing in the community and more rapport with physicians. He also has greater self-respect.

The merchandising attitude toward dental practice is unsatisfactory to both the patient and the dentist. Where price is the chief consideration the tendency of the dentist is to quote the lowest competitive bid in the community: not what represents the best *treatment*, but what will *cost* the patient less. In many cases it is the patient who suffers from this price-conscious attitude. For example, every adult patient is entitled to have a full-mouth x-ray examination. Every child has the right to have periodic bitewing x-rays taken. Not to make such x-ray examinations is a dis-

service to the patient and actually a form of professional incompetence. It is a violation of all the principles of preventive and early dental care.

What happens in the dental price-conscious community? The patient may never be told the value of x-rays, the necessity for x-rays, because the dentist is fearful that the "shopping" patient may object to the expense. The dentist often decides for the patient without asking the patient to express his opinion on the suggestion for x-rays. It is the negative form of making up the mind for somebody else.

Another example is in the field of mouth hygiene and periodontics. "Cleaning teeth" for 15 minutes with a brush wheel or rubber cup and a gob of pumice is not a professional service. It is something midway between cleaning wallpaper and washing an automobile: an appearance-improving, semi-esthetic procedure. What many, if not most, adult patients need is careful and complete scaling of their teeth to remove calculus deposits that are endangering the supporting tissues. This essential treatment cannot be given in 15 minutes for a \$3.00 fee. Not to give such treatment is a form of professional dishonesty. Many people have probably needlessly lost teeth in middle life that could have been saved from periodontal disease if a dentist had rendered proper care.

Other examples of shortsighted dental merchandising will probably come to mind.

The dentist who engages in competitive merchandising cannot have the satisfaction from his practice that the dentist receives who uses the methods that are consistent with the healing arts. These are: education of the patient, diagnosis arrived at after full x-ray and other examination, full treatment planning, prescriptions for home care and drug therapy, if indicated. The dentist who insists on the professional rather than the merchandising approach to practice is also more secure in the loyalties of his patients and in his income.

Edward Ayers

Q ASK Oral Hygiene A

Please send all correspondence for this department to:
The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Removing Stains

Q.—Could you give any information about removing stains caused by x-ray developer and fixer. We have them on our uniforms and they are unsightly.—E.L.H., Louisiana

A.—When a solution has been splashed upon the clothing, the garment should be rinsed as soon as possible in cold water. Staining can be prevented entirely if the chemical is removed thoroughly before it has a chance to decompose (which may otherwise occur on standing or in the laundering process). Even if the stain has formed, the garment should be rinsed thoroughly before laundering to prevent possible intensification of the spot.

Once the stain has formed, its nature will determine the method of removal. Yellow or brown stains due to oxidized developer can be removed by treatment with Kodak Reducer and Stain Remover (available in packets to make 16 ounces). This treatment comprises the use of a permanganate solution followed by a bisulfite bleach, and while effective in removing developer oxidation stains, it may weaken the fabric and should in any case be applied only to white garments.

Yellow, brown, or black stains formed by a used fixing bath, particularly of the liquid (rapid) type, are due to decomposition of the hypo and formation of silver sulfide. Slight stains may be removed by a fresh solution of Kodak Liquid X-ray Fixer, diluted as usual, and containing the hardener. Removal will require immersion of the affected area for a period varying from a few minutes to overnight, depending on the intensity of the stain.

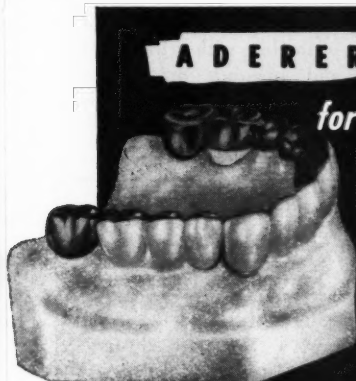
A more rapidly acting bleach, and one effective with more dense stains, is obtained by adding citric acid to the Liquid X-ray Fixer at the rate of 2 ounces per gallon of diluted fixer. This will effectively attack quite dense stains, although an occasional stain is not removed by either of these treatments. Any of these stain removers should be applied with caution to colored fabrics, because some dyes may be affected.

When the cause of the stain is uncertain, the following successive treatments are suggested: (1) immerse the garment in the fresh Kodak Liquid X-ray Fixer; (2) if
(Continued on page 66)



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... especially formulated to meet the rigid requirements for fixed bridges — it performs equally well for removable and attachment cases. Thus, Aderer No. 3 Bridge Gold provides the opportunity of accomplishing a



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complete mouth rehabilitation with one metal to minimize the possibility of galvanic shocks or discoloration from electrolytic actions when different metals are used together.

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this is ineffective, add citric acid—2 ounces per gallon of diluted fixer; and (3) finally, after thorough rinsing, apply Kodak Reducer and Stain Remover, as just described.

Hyperplasia

Q.—Please help to make a proper diagnosis and outline the treatment required in the following case:

The patient, a woman, age 60, has had an upper full denture for six years, which gave good service. Three years ago it was relined, and has still given satisfactory service and seems to be a good fit.

All over the palate, about twenty red spots about the size of two pinheads exist, also all around the buccal side of the ridge the tissue is highly inflamed.

There is not too much pain when the denture is in, but when removed there

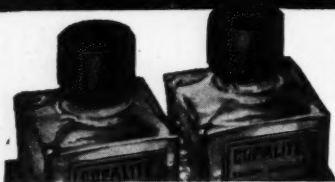
is a burning sensation that is quite severe. The roentgenograms reveal nothing abnormal.—W.P.M., Montana

A.—From your description, I would surmise that the tissue is indicative of a mucosal inflammatory hyperplasia resulting from "denture rub" which, in essence, is due to an abnormal bite and poor cuspal relationship of the teeth. This is a fault, which frequently arises at relining procedures wherein the bite is not checked before and after relining.

The treatment calls for the correction of the bite with grinding of cusps and opening or closing (whichever appertains) of the ver-

(Continued on page 68)

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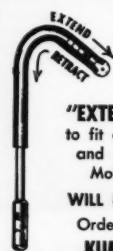
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Samples? Write to

tical dimension. A steroid ointment (1%-1.5%) will help decrease the inflammatory picture while the mechanical adjustments are being made.

When the correction has been made and the inflammation has subsided, it is possible that you may have to construct a new denture.

Sodium Fluoride Mouthwash

Q.—Would you please advise the correct usage, percentage, and procedure in the daily application of a sodium fluoride mouthwash?

I recall that a dentist won an award at the Chicago meeting for his work on this subject.

Thanks for any information you may furnish.—C.M.E., Nebraska

A.—Doctor Walter S. Weisz, winner of the 1958 Chicago Dental

Society research award for his study, **THE REDUCTION OF DENTAL CARIES BY A SODIUM FLUORIDE MOUTHWASH**, is, I believe, the person to whom you are referring.

The experiment of Doctor Weisz utilized 0.25 per cent (2500 parts per million) sodium fluoride on children from two to ten years of age. These children were not exposed to fluoridation through a community water supply. The procedure called for regular tooth brushing once in the morning and once before retiring. The patients were advised to rinse out all the dentifrice and then rinse thoroughly with a half glass of the fluoride solution. It is imperative to instruct

(Continued on page 70)

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DR. _____

the patient that he should not swallow any of the mouthwash.

Vitamin "B" Deficiency

Q.—I would be grateful for any information you might give me regarding the cause and treatment of the following case:

My patient is a woman, age 20, married, mother of two children aged 28 months and 6 months.

In May, 1954, we provided this patient with a maxillary, horseshoe type acrylic partial denture, which has been worn in comfort until about one month ago. Since that time she has noticed an extreme inflammation in the palatal area covered by the denture, accompanied by a burning and itching sensation.

The patient denies any similar irritations of other mucosal surfaces except nasal symptoms during head colds and moderate redness (without burning or itching) of lower lids, of many years standing. She has noticed considerable "falling" hair since the onset of oral symptoms and is to consult a physician about it.

This patient has had regular four-month recalls for oral care for the past seven years, and although she has had many restorations placed under local anesthesia, no reaction other than minimal swelling in the area of injection, has ever been noted.

She was advised to consult a physician regarding possibilities of allergy and to remove the denture for two or three-day periods to test local reaction. —R.D.H., New York

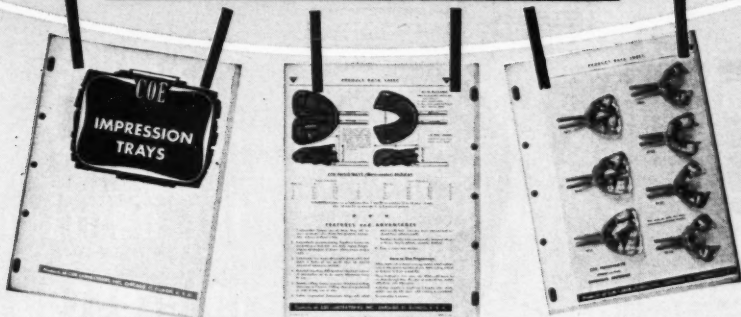
A.—Without a complete medical history, and roentgenograms of the teeth, it is difficult to diagnose and formulate a treatment for this patient.

It is possible that the patient has developed a sensitivity to the acrylic material. The symptoms might even suggest inflammatory hyperplasia subsequent to a sub-acute or chronic infectious dental problem.

(Continued on page 74)

ORAL HYGIENE

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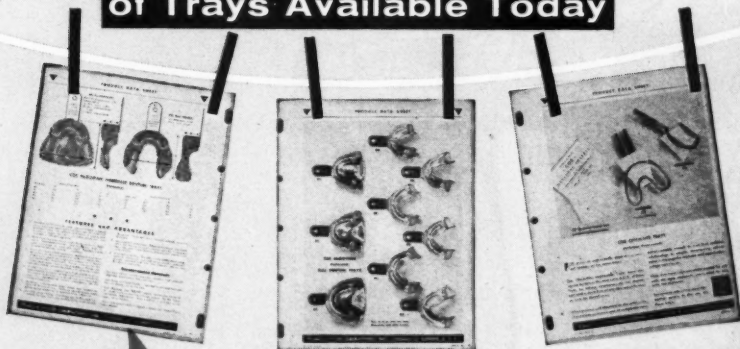


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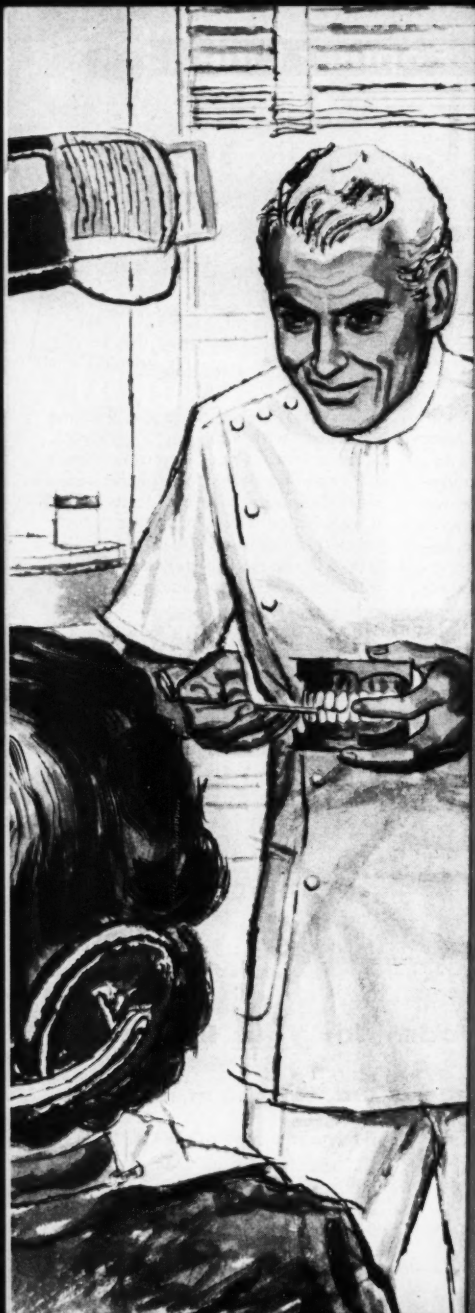
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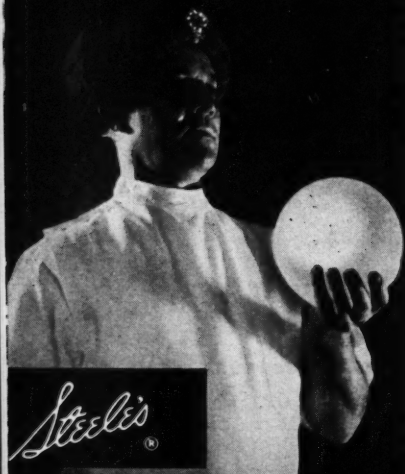
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The general picture you present seems to indicate a vitamin "B" deficiency together with a blood dyscrasia.

It would be wise to check the seating and the occlusion of the partial denture in order to rule out any irritation factors from these sources.

I am sorry that I cannot be of more help to you in this case.

Irritated Tissues

Q.—I have a woman patient who is in her fifties, in good health, with no deleterious habits such as smoking or drinking. She has upper and lower dentures.

Complaint: Her upper lip burns near the border. Small white vesicles which are present sometimes enlarge and break. She has the same type of irritation in her nose and sometimes under the upper denture. Palatal tissue and ridge are normal and clean. The tissue has a burning sensation but no vesicles.

A smoke-filled room or vinegar increases irritation. She works part time for an oil company (condition is still present during her two-week vacation). Her upper and lower dentures are a good fit, except the anteriors are slightly open and posteriors are ground flat into occlusion. There is good suction, the vertical relation seems normal, and the patient is satisfied.

She has been treated medically for two or three years with weekly Vitamin B₁₂ injections. There is no relief. Antihistamines have been tried with no results.—J.H., Wisconsin

A.—If the dentures fit well and the occlusion is good (in other words, everything else being equal), I would consider a differential investigation for: (1) nutritional deficiency, (2) allergy, (3) menopausal syndrome, (4) pemphigus.

I think the patient should consult a dermatologist.

Bleaching Teeth

Q.—Please send me information regarding bleaching of discolored vital teeth; that is, teeth of middle-aged persons or older, who have brown or yellow stains or streaks.—J.G.H., Pennsylvania

A.—In the majority of cases, the use of a disclosing solution can be used to remove the stains.

The following is a formula for a disclosing solution:

Iodine Solution, N.F.

2 per cent iodine and about 2.4 per cent sodium iodide, dissolved in distilled water.

There are many types of disclosing solutions available from your dental supply dealer.

In using this material effectively, it is necessary to isolate and dry the teeth to be treated. Apply disclosing solution and then proceed with regular prophylactic treatment.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 181

(See page 57 for questions)

1. True. (Boucher, C. O.: Dental Prosthetics Laboratory Manual, ed 2, St. Louis, 1950, The C. V. Mosby Company, page 68)
2. No. (Kwapis, B. W.: Management of Medical Emergencies (Continued on page 76))



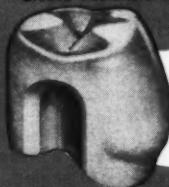
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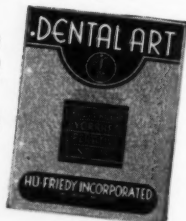


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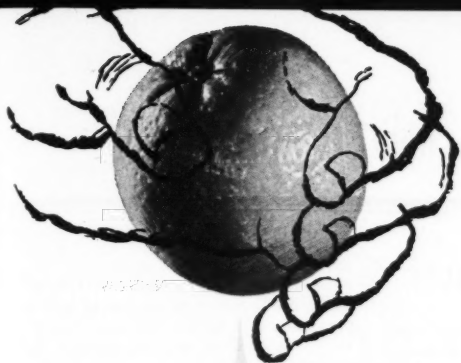
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in the Dental Office, Ariz. D. J. 3:145 December 1957)

3. (a). (Updegrave, W. J.: Normal Radiodontic Anatomy, Dental Radiography and Photography 31:75 April 1958)
4. No. (Herzberg, B. L.: Extractions in Orthodontics and the General Practitioner, Illinois D. J. 23:788 December 1954)
5. True. (Blackman, Sydney: Radiographic Determination of Periapical Disease, D. Pract. 8:114 December 1957)
6. (a). (Sharp, T. B.: Preparation for and Construction of Baked Porcelain Crowns and Inlays, J. Pros. Dent. 9:113 January-February 1957)
7. Yes. (Pottenger, F. S.: Symptoms of Visceral Disease, ed 7, St. Louis, The C. V. Mosby Company, 1953, page 174)
8. (a). (Sausen, R. E. and Serr, H. H.: Incomplete Burn-out, Dental Clinics of North America, Philadelphia, W. B. Saunders Company, November 1958, page 144)
9. Chronic marginal gingivitis. (Scott, F. T.: Periodontal Disease in Children, J. Fla. S. D. S. 28:14 February 1958)
10. (a). (Phillips, R. W.: An Evaluation of the Problem of Galvanic Currents in the Oral Cavity, J. Ind. State D. Assn. 37:8 January 1958)

ORAL HYGIENE



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As a high-potency source of vitamin C, citrus juice—fresh, frozen, or canned—is unmatched for convenience and economy. The table below shows amounts[†] of other fruit juices required to supply the 100 mg.* of vitamin C in one glass (7-9 fl. oz.) of citrus juice.

citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



[†]Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.

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Dentists in the NEWS

Atom Blasted Seeds Make World News

Doctor Chris Speas, Oak Ridge's first "single atomic business man" is receiving world-wide reaction to stories concerning his seed business. Sometime ago at the request of the United States Information Agency, he sent them the full story of Atom Blasted Seeds. The Agency, which channels news about the United States to newspapers and magazines in all the countries of the world, indicated that the story would be published extensively.

In December 1957, with the help of several local nuclear authorities, Doctor Speas set up an irradiator containing radioactive Cobalt-60 on his hillside farm near the Marlow community. His goal was to produce irradiated seeds, which might develop valuable new mutations, and make them available to the public. Locally, many by-products of his first generation seed mutations are being grown for the second year.

Atom Blasted Seeds are now on local counters in bright yellow and green sales containers.—*Oak Ridge (Tennessee) Oak Ridger.*

Appointed to High Optimist Position

At a recent meeting of Optimist International in Miami, Florida, Doctor Carl L. Bowen of Albemarle, North Carolina, was appointed to a three-year term on the Optimist International Boys' Work Committee. Only six International committee appointments are made each year, as there are only six working committees with members serving staggered three-year terms. Doctor Bowen's appointment is on one of the most im-

portant of the six committees. He will have jurisdiction over matters of policy, programs, and major decisions relating to the Boys' Work project, which is the mainstay of the Optimist organization.

Another honor that came to Doctor Bowen at the Miami convention was his winning the vice-presidential award for the outstanding Governor in the Southeast Region of Optimist International. He was awarded a large silver bowl suitably engraved.—*Albemarle (North Carolina) Stanly News.*

Studies Law As a Hobby

Besides practicing dentistry for eight hours a day, Doctor Ernest Besch is a full-time night student at St. Mary's law school. He also teaches dental ethics and management, acts as business adviser to the local dental assistants organization, and spends his spare time in the complicated techniques of high fidelity recording and breeding tropical fish at his home in San Antonio.

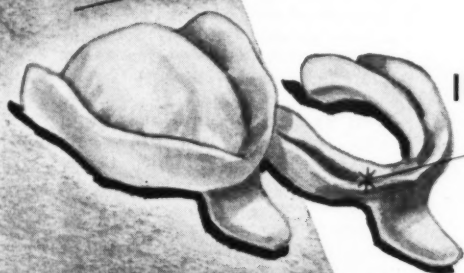
The discipline of legal reasoning is one of its principal attractions for Doctor Besch. He plans on taking the bar examination after graduating from St. Mary's, although he does not intend to practice law. "I like my profession and I want to stay with it," says Doctor Besch. "I guess I'm just determined to enjoy life as much as I can, and learning more and more is real enjoyment for me."—*San Antonio (Texas) Light.*

Board of Adjustment Chairman

Doctor James Scales has been elected chairman of the Board of Adjustment of Franklin Township. He was the only holdover appointment made by the

(Continued on page 80)

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In each PHENAPHEN capsule:

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Acetylsalicylic acid (2½ gr.).....	162.0 mg.
Hyoscyamine sulfate.....	0.031 mg.
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Dosage: 1 or 2 capsules as required.

Supply: Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958.

L. H. ROBINS CO., INC., Richmond 20, Va.

Pharmaceuticals of Merit since 1878

Township Council, and received the unanimous support of the four new members. The board makes decisions regarding applications for variances from the zoning board. Doctor Scales formerly served on the dental staffs of the Jersey City Medical Center and Annandale Reformatory, and has taught at the Columbia University School of Dental and Oral Surgery.—*New Brunswick (New Jersey) News*.

Wins Recognition As Gardener

The *Albuquerque Journal* recently published an article featuring Doctor Elmer L. Ness, as "Gardener of the Week." Doctor Ness, 69, gardens about an acre of land surrounding his home. He grows bird of paradise plants and peach trees from seed. There are also some bamboo trees that have been growing on his land for over 20 years.

In the years Doctor Ness has made his permanent home in Albuquerque while working among the Indians in his dental trailer and in Indian hospitals, he has grown ever-blooming raspberries, Lombardy poplars, and many other fruits and vegetables, trees, and flowers. He has now retired from the United States Indian Service, but still gardens after coming home from his office in Albuquerque where he practices dentistry.—*Albuquerque (New Mexico) Journal*.

Packaging Executive

At 32, Doctor Joseph Rait, is president of Pan-Pak, Incorporated, of Attica, New York. Pan-Pak puts chemical and food products in packages, many in aerosol cans, and supplies merchandising advice to its customers. During 1959, Doctor Rait and his partner, Richard E. Morris, are aiming for a \$500,000 sales gross, and for a \$1,000,000 sales figure in 1960.

It all began when Doctor Rait developed his first commercial preparation, a dental mixture. The product sold slowly, but it taught him that it was one thing to invent a substance and another to sell it—with packaging bridging the gap. That led to his designing containers, dispensers, and labels, and opened up the whole idea of air pressure packaging.

Four years ago Doctor Rait gave up his dental practice and ran his packaging business alone. He was inventor, package-machine operator, mixer, purchaser, salesman, truck driver, and bill collector. When packaging operations boomed, he and Mr. Morris, a former production engineer with the Sylvania and Arner organizations, teamed up—*Buffalo (New York) News*.

Trailer Office to Aid the Elderly

Doctor G. R. Hansen of Bristow, Oklahoma, who gave up a career as a cartoonist for city newspapers to study dentistry, has found a method of "slowly retiring" that will also aid his contemporaries. He has established a dental office in a trailer in his own yard for the convenience of heart patients and elderly persons who cannot climb a steep flight of stairs. Three short steps admit the patient to a comfortable reception room with picture windows that look out on flowers, shrubs, and birds in Doctor Hansen's yard and those of his neighbors. The laboratory was formerly the kitchen of the trailer, and is well equipped with cabinets for storage of dental supplies. All the remodeling was done by Doctor Hansen, who left his native Kansas in 1907 to prospect in Oklahoma where he became known as the Republican who drew political cartoons for the Democrats.—*Oklahoma City (Oklahoma) Orbit*.

His Soap Bubbles May Aid Physics Students

On a recent television program, "I've Got A Secret," Doctor Henry Redka demonstrated a special soap solution which enables him to create bubbles eight and ten feet in diameter. Shortly afterwards, he was called by Doctor Albert Baez of the Physical Science Study Committee at Massachusetts Institute of Technology, which is currently working on methods of improving the teaching of physics in the Nation's high schools. They are considering using the technique in a motion picture teaching elementary optics and the reflection of a thin film of water, such as in a bubble.—*Boston (Massachusetts) Traveler*.

For more severe dental pain

*Superior to
codeine
alone*

PHENAPHEN[®] with CODEINE

¼ gr., ½ gr., 1 gr.

Of five analgesic agents tested for relief of dental pain, PHENAPHEN WITH CODEINE ½ Gr. proved the most effective—superior to codeine alone.¹ The phenobarbital and hyoscamine components of the PHENAPHEN formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."¹

Three strengths:

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Basic Phenaphen formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

PHENAPHEN with CODEINE ½ Gr.
(Phenaphen No. 3)

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PHENAPHEN with CODEINE 1 Gr.
(Phenaphen No. 4)

Basic Phenaphen formula, plus 1 gr. (64.8 mg.) codeine phosphate.

1. Strand, H. A., Henninger, F., and Dille, J. M.: *J.A.D.A.* 56:491, 1963

A. H. ROBINS CO., INC., Richmond 20, Va.
Ethical Pharmaceuticals of Merit since 1878

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Arthur Grant, Box 202A, Route 2, Oliver Springs, Tennessee

Mrs. Tyler Shankle, Box 1059, Albe-
marle, North Carolina

Raymond E. Hunt, PO Box 134, San
Antonio 6, Texas

Mrs. Ellen Hartt, 236 Colfax Road,
North Brunswick, New Jersey

Cussie Morris, Box 251, Roy, New
Mexico

Samuel E. Ansel, DMD, 52 Revere
Street, Revere 51, Massachusetts

John A Babicz, 3317 South Park Ave-
nue, Lackawanna 18, New York

Josie E. Kyle, 707 South Oak Street,
Holdenville, Oklahoma

DIET, NUTRITION, AND DENTISTRY

CARIES and periodontal disease are widespread. In 1956 80,000 dentists could give adequate but not optimum care for only 35 per cent of 170,000,000 persons. Improved nutrition through proper diet is the safest and best method to reduce the initiation and progression of dental disease for the population of 228,000,000 expected by 1975.—HARRY ROTH, *Oral Surgery, Oral Medicine and Oral Pathology* 1959



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LAFFODONTIA

A husband who despises housework,
But frequently must help his
spouse work,
At times can win a quick acquittal
By getting in the way a little!



A man telephoned the police to report
that thieves had been at work on his car.

Man: "They've stolen the steering
wheel, the brake pedal, the accelerator,
the clutch pedal and the dashboard."

A police sergeant: "Well, we shall cer-
tainly investigate this!"

The phone rang again.

Man: "Don't bother investigating
(with a hiccup). I got into the back seat
by mistake."



Two North Carolina state troopers
stopped a driver on a routine check and
asked to see his operator's permit. After
fumbling in his pockets and wallet, the
man finally handed them a piece of
paper bearing not the slightest resem-
blance to a driver's license.

Trooper: "What's this for?"

Man: "Well, while I'm looking I
thought you might like something to
read."



A grocer was standing in front of his
store when he saw a driverless car roll-
ing slowly down the street. He ran to
the car, jumped in and pulled on the
emergency brake with a jerk. As he got
out, a little proud, a man walked up.

Grocer (to owner of the car): "Well,
I stopped it!"

Car owner: "Yeah, I know. I was
pushing it."

The boss visited the ailing employee
in the hospital.

Boss: "Now, George, don't you worry.
Everybody in the office is going to pitch
in and do your work—as soon as we
can figure out just what you have been
doing."



Mr. Jones (on phone): "Hello? Doc-
tor Smith?"

Doctor: "Yes."

Mr. Jones: "My wife has just dislo-
cated her jaw. If you should be in the
neighborhood in the next couple of
weeks or so maybe you'd drop in and
have a look at her."



Forced to be a witness against a friend
charged with larceny yet unwilling to
call his friend a thief, Old Mose said:
"I wouldn't say he's an out-an-out thief,
but if I wuz a chicken an' I saw him
loafin' around, I'd sure roost high."



Customer: "Tell me honestly now, is
there any real, surefire cure for dan-
druff?"

Barber: "Oh, yes, indeed! It's an ap-
plication invented by a Frenchman by
the name of Guillotine."



"Now that will be a premium of \$16.37
per month on a straight life," said the
insurance salesman. "That's what you
want, isn't it?"

"Well," the customer replied, "I would
like to play around a little on Saturday
nights."

BENZODENT eases denture adjustment; even helps difficult break-ins

Thousands of dentists know that The Benzodent Treatment helps **all patients** master new, immediate, and partial dentures.

For difficult patients, Benzodent has special value in easing denture adjustment. Its combined analgesic, antiseptic, and adhesive action creates comfort and confidence . . . induces consistent wear during the break-in period . . . curbs demands for emergency attention and needless trimming . . . transforms complaints to grateful responses of "Thank you, doctor!"

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makes patients happier and more cooperative, with clinically proved results in relief of pain . . . faster healing . . . help in checking infection and mouth odor . . . effective, long-lasting denture stabilization.

makes practices healthier by saving chair time . . . inducing greater appreciation of fine prosthetic skills . . . aiding in control of return-visit check-up schedules.



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WHAT'S NEW

IN PRODUCT DESIGN—
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Toothbrush—Dr. West's two new shapes. Flexi-Tuft straight top, soft flexing bristles. Also medium hard, three-row design. Designed specifically for medium and hard bristle. Weco Products Co., 20 North Wacker Drive, Chicago, Ill.

Matrix Retainer—has swivel head, a unique contra-angle head, adjustable 25 degrees to provide snug adaptation to even the most irregular teeth. Available in adult size or extra small size for children. Charles W. Rode Associates, 3343 North Eastern Ave., Los Angeles 32, Calif.

Electric Stimulator and Gum Massager—for gum massage and interdental stimulator, electrically controlled. Brushes and stimulators can be replaced. Hall Dental Specialties, 620 Arizona Ave., Santa Monica, Calif.

Small Pattern Pin and Ligature Plier—with carbide tips. Accurate and dependable cutting edges. Will cut anything up to .010" or 30 gauge. Silverman's, 1033 Chestnut St., Philadelphia 7, Pa.

Flexacryl Hard—a self-curing rebase for direct rebasing at the chair. Totally bland. Eliminates sting of acrylic monomer. Though not as hard as acrylic, sufficiently hard to avoid absorption of odors and stains. Lang Dental Mfg. Co., 828 West Montrose Ave., Chicago 13, Ill.

S. C. L.—super cementing medium. A liquid for cementing facings, inlays and appliances. Greater adhering power than other cementing agents. Not a solvent or plastic system. Lang Dental Mfg. Co., 828 West Montrose Ave., Chicago 13, Ill.

Alginout—an impression tray cleanser. Powder concentrate that dissolves in water, quickly removes alginate and hydrocolloid residue from trays. Lang Dental Mfg. Co., 828 West Montrose Ave., Chicago 13, Ill.

Swivlstool—double unit operating seats (for dentist and assistant) in combination with the Den-Tal-Ez contour type chair for mounting on present base. Electrical control permits positioning patient from normal upright to horizontal. Equipped with gentle vibration. Swivlstool, Inc., Warsaw, Ind.

Valplast—a thermoplastic, superpolyamide material for living partials. Produces a cushion-like effect in mouth. Elastic, unbreakable and feather-light. Master Touch Dental Service Corp., 110 West 42nd St., New York 36, N.Y.

Diafil Liquid—in tubes. Saves time; no corks, pipettes, or bottles to tip over. Pinpoint opening protects liquid from loss or absorption of moisture from air. Pfingst & Co., Inc., 62 Cooper Sq., New York 3, N.Y.

Diamond Grip Forceps—tooth is held more securely with less pressure, minimizing danger of crushing crown or breaking roots. Available in five sizes. Made of finest stainless steel; can be sterilized by boiling or autoclaving. Diamond particles are attached by special bonding process. Kerr Manufacturing Co., 6081 — 12th St., Detroit 8, Mich.

Anniversary Package—100th anniversary package contains many Crescent items. Included gratis is an amusing 19th century "dentist bank" which is replica of an antique mechanical bank known to collectors. It is made of cast iron, painted in many colors. Ideal souvenir for dentists and patients. Crescent Dental Mfg. Co., 1839 South Pulaski Rd., Chicago 23, Ill.

Tru-Center Plastic Chucks—for Borden Airtors. True centered, no whip, longer lasting. Professional Manufacturing Corp., 206 Ditmas Ave., Brooklyn 18, N.Y.

Aristaloy

DENTISTRY'S FINEST FILLING MATERIAL



There is still only one Aristaloy for all types of amalgam restorations • Aristaloy contains a very small but very beneficial zinc content of only 0.4 percent • Our exclusive manufacturing process and

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Softline—a denture reline material which provides a soft, comfortable, flexible liner that conforms exactly to mouth tissue. Nontoxic, nonirritating. Kerr Manufacturing Co., 6081—12th Ave., Detroit 8, Mich.

Goliath Service Outfit "D"—for Borden Airotor cartridge bearing replacement. Consists of one complete service outfit and three sets of two replacement bearings. Also available as Service Outfit "A" for Weber Turbine cartridge with two sets of two replacement bearings. Goliath Specialties, Inc., P.O. Box 145, Jamaica 32, N.Y.

Hyfrecator—for dessication, fulguration, and bi-active coagulation. Used also for gum retraction, periodontia, post-extraction hemostasis, removal of minor growths. The Birtcher Corp., 4371 Valley Blvd., Los Angeles 32.

Jel-Sol—a new liquid solvent that rapidly and thoroughly removes zinc oxide-eugenol type cements and paste from acrylic splints, jacket crowns, etc. Can be used as both warm and cold solution. J. F. Jelenko & Co., Inc., 136 West 52nd St., New York 19, N.Y.

Stainless Steel Pestle—assures permixes of Aristaloy One Spill Pills. Is important to use right shape, weight, and size pestle to suit each type capsule, according to speed, thrust and eccentric movement of amalgamator. Baker Dental Division, Engelhard Industries, Inc., Newark, N.J.

Perfek Seal Patient Throw—a new vinyl film plastic protector which forms a perfect seal at patient's neckline. Water cannot drip or seep through. Available in colors. Medident Corp., 182 State St., Boston 9, Mass.

No Stik Capsules—Mixed amalgam is readily removed from capsule. Fits all mechanical amalgamators. Will not leak mercury. Works with all alloys. Geryn Products, P.O. Box 925, Menlo Park, Calif.

Disposable Dental Bibs—made of 100% pure long lint free strands of Viscose Rayon. Folded to 4½" x 6¾" from 13½" x 17½". Available in colors. Security Products, Box 388, Janesville, Wis.

Dr. Perlman Prop—Clamp post swivel permits right or left use. Adjustable clamp accommodates all sizes of saliva ejectors or vacuum attachments. Dextrac Co., 1482 East Valley Rd., Santa Barbara, Calif.

Monojet Disposable Needle—a polyethylene cartridge used for storage of a needle is heat-sealed to guarantee sterility. Tubing is stainless steel 304. Eyelet retainers are corrosion resistant aluminum. Can be used with any type dental syringe and cartridge. Roehr Products Co., Inc., DeLand, Fla.

Proclave—will remove saliva, blood and debris from instruments. Will protect the most delicate instruments during autoclaving. Instruments will not rust or corrode and cutting edges will remain bright and sharp. Kerr Manufacturing Co., 6081—12th Street., Detroit 8, Mich.

Dura-Blend New Mould—30LS features a long buccal face with a short lingual. Developed specifically for dentures where a long posterior mould is indicated but where a short bit condition exists, and for ease in setting up cast partial skeletons. Myerson Tooth Corp., Cambridge, Mass.

Formatray—a self-curing plastic for custom built trays, baseplates, and for stabilizing base plates. Can be used with either mould or pour technique. Produces a pure white, dead soft dough which is easily manipulated. Kerr Manufacturing Co., 6031—12th St., Detroit 8, Mich.

Norcold—an electric refrigerator for use in dental offices. Has all new thermoelectric unit, completely noiseless. Available in 4 and 6 cubic feet sizes. Norco, Inc., 5111 West Washington Blvd., Los Angeles 16, Calif.

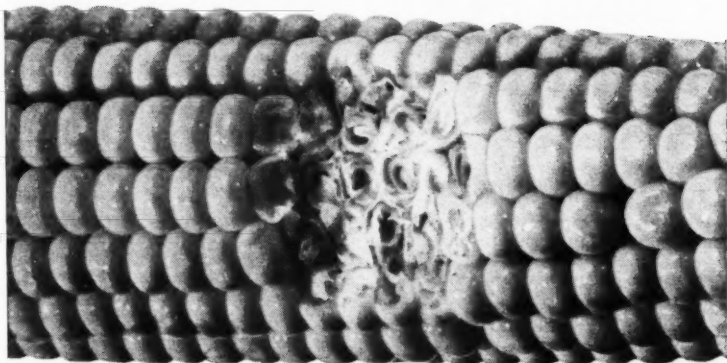
Reprint Articulating Paper—offers the optimum in porosity and rigidity because paper has been pretreated. Contains high grade waxes and dyes. Available in blue or red. Medidentia, 1420 Sixth Ave., New York 19, N.Y.

Cool Resin Teeth—provide a complete and perfect reproduction of nature. Labial and buccal surfaces, neck and tip, are exact copies of natural teeth. Medidentia, 1420 Sixth Ave., New York 19, N.Y.

(Continued on page 90)

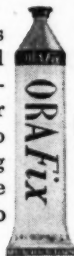
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Eliminates dust from dry grinding operations. Excellent as a catch-all for gold grindings—soon pays for itself with recovered gold. Filter box fits behind most lathes. Unit easily moved to any location. Ask your dealer for more details.

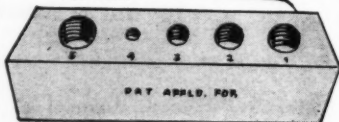
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Tungsten Carbide Burs—new series especially designed for higher cutting speeds. Faster working, keener cutting, longer life, reduced vibration. Extended friction grip range. Claudius Ash, Sons & Co., U.S.A., Inc., Niagara Falls, N. Y.

Ellman Roto-Pro—Ultrasensory prophylaxis instrument. Cleans tartar without patient perception and without tooth reduction. Pfingst & Co., Inc., 62 Cooper Square, New York 3, N. Y.

Temporary Filling and Cement Preparation—consisting of Beta Temp Powder and Beta Temp Liquid specially devised to give optimum setting time and consistency with maximum strength. Beta Laboratories, 755 Boylston St., Boston 16, Mass.

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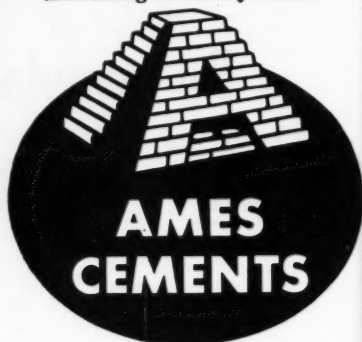
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In addition, patients like Amm-i-dent's fine cleansing qualities and its new, pleasant foaming action and pleasing taste.

J. Oral Surg., Oral Med., & Oral Path. 4:1576, 1951

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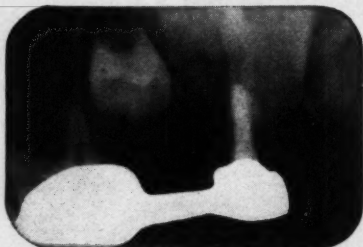
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showing use of primary cuspid
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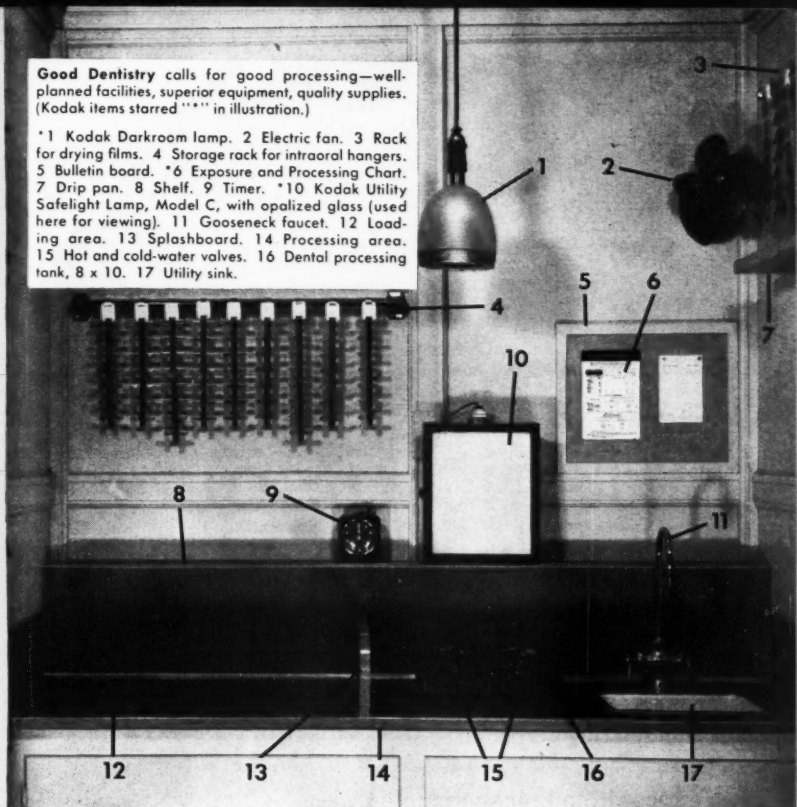
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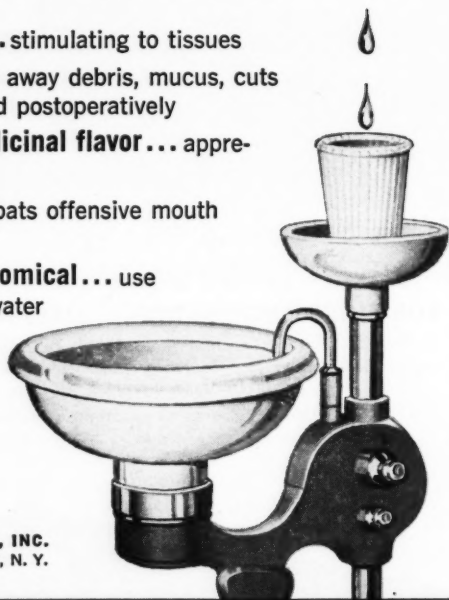
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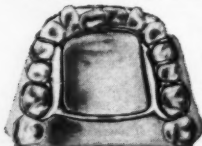
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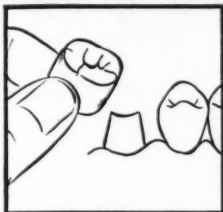
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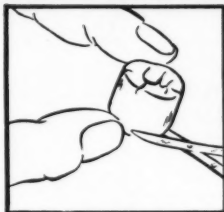
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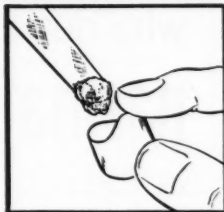
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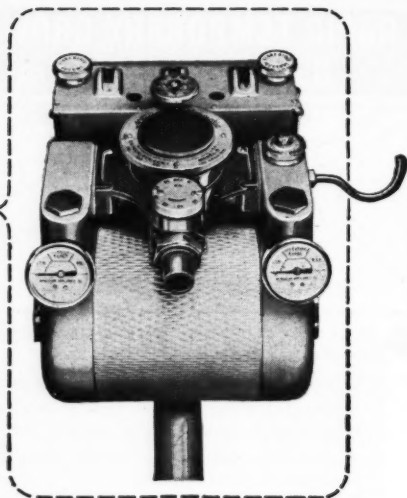
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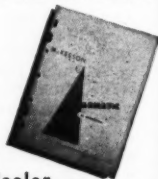
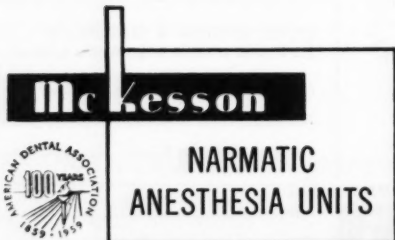
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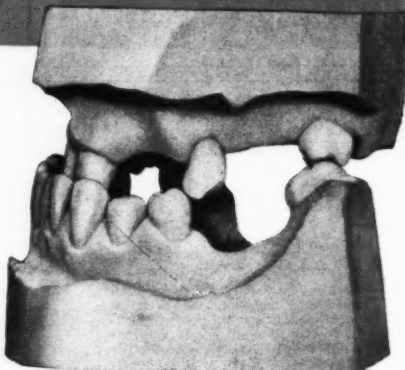
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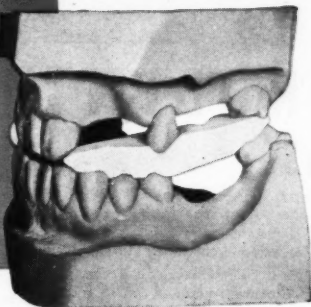
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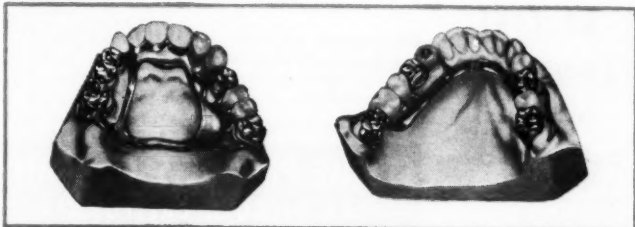
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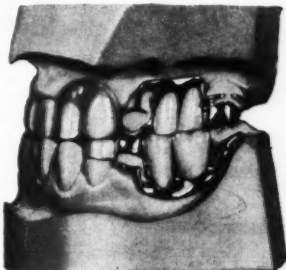
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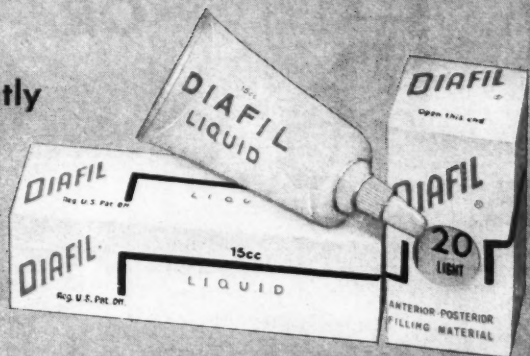
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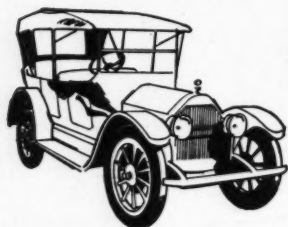
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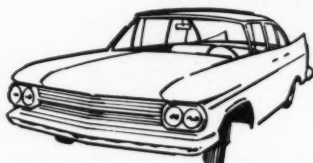
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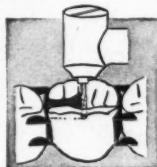
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BS POLISHING ANGLE

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Preparation of M.O.D. Inlay

(Time—20 minutes)



Note: For protection of adjacent teeth use of Cervix Matrix is suggested.

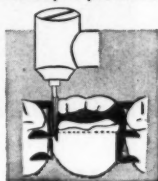
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Using a BUSCH-WIDIA

UNIVERSAL C.C. Fissure bur No. 558U, or a No. 558, commence from centre of occlusal and extend mesially and distally to proximal.

**Establishing Proximal
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Using ENAMEL SHAVER No. 173L, extend preparation into proximal embrasure.



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Using same ENAMEL SHAVER No. 173L, establish gingival seat. You may finish the gingival seat with a

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173L
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endcutting

173La
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safe end

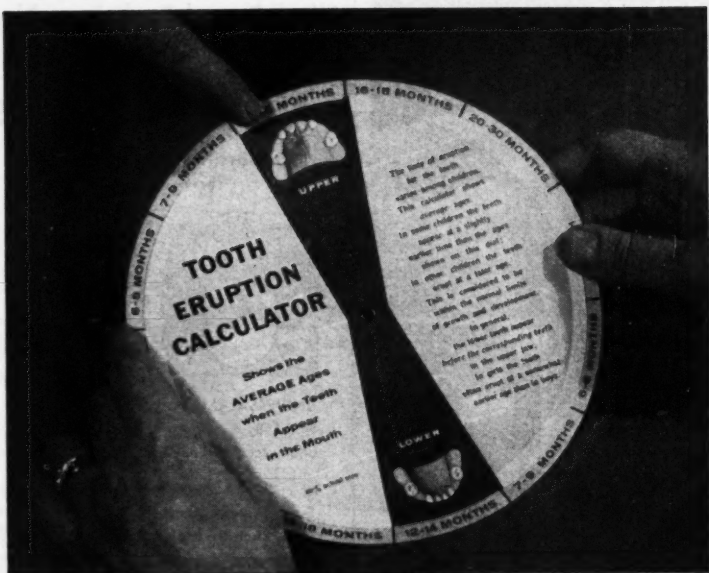
173Lr
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Actual size 7 5/8"

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Dental Digest

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TOOTH ERUPTION CALCULATOR in COLOR, \$1.00 each, 6 for \$5.00



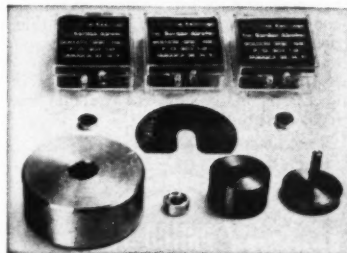
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ated laundry stores offer customers up to a 65% saving over attended-type wash and dry service. They are convenient for busy people because they remain open 24 hours a day, seven days a week. They give customers a chance to do their own washing—their own way.

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Act now! Investigate this exciting new business opportunity today! Send the coupon below for full information. Complete data on business locations in your area and valuable help in all phases of planning, financing and promoting a coin-operated laundry store are available from local distributors.

Philco-Bendix Commercial Laundry Equipment
is brought to you by Philco Corporation



COMMERCIAL LAUNDRY SALES

PHILCO CORPORATION

Commercial Laundry Adv. Dept. OH-3
Tioga and C Streets, Philadelphia 34, Pa.

Please send me information on Philco-Bendix Commercial Washers... also the name of my local distributor.

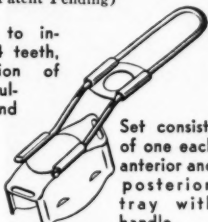
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**TWO NEW TECHNIQUES
PLASTOFERM
set of impression trays**
(Patent Pending)

Rigid tray to include 3 to 4 teeth, for impression of single or multiple inlays and crowns with **Silicone-Elastic** compounds



Set consists of one each anterior and posterior tray with handle.

**LASTOPOR
sponge rubber spacers**
(Patent Pending)

Secure immediate individual trays with minimum inconvenience.



Write for literature

PFINGST & COMPANY, Inc.
62 Cooper Square • New York 3, N. Y.

NEOTRACIN ENDODONTIC

Now available
in the U.S.A.



The new polyanthibiotic preparation for sterilization of the root canal.

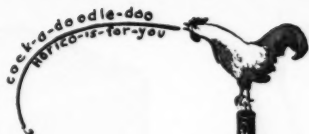
ATF (Antibiotic Triple Formulation) will often give negative cultures in one treatment.

ATF penetrates dentinal tubules, destroying a wide spectrum of bacteria and yeast cells.

Available in boxes of 3 vials ATF powder with 3 ampoules of distilled water.

Literature and information on request from your dealer or write to:

PRECISION DENTAL, INC.
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he has
something
to crow
about!

Dr. Nozitt says:

**HORICO
DIAMOND INSTRUMENTS**

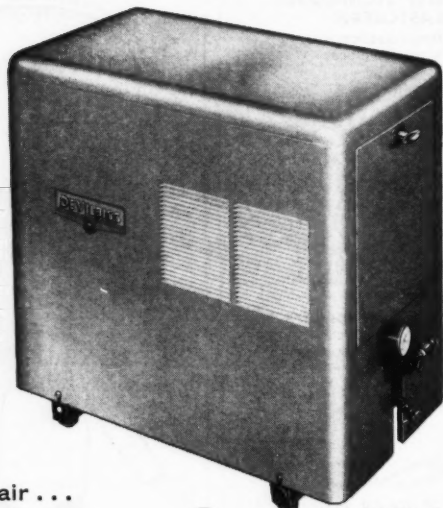
are manufactured to exacting specifications. Concentric revolution, uniform coating and a special bonding process provide superior abrasive efficiency, as well as exceptional resistance to wear.

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MODEL 605



MODEL 606

NOW...
trouble-free air...

DEVILBISS dental *air* compressor...

DeVilbiss, with over 30 years' experience in manufacturing heavy duty air compressors for industry, has now developed a unit that meets the rigid demands of modern high speed dentistry.

1. Capacity — Displacement 5.49 CFM ... delivering 4.0 CFM at 40 PSI ... enough for simultaneous operation of 2 air turbine handpieces, all auxiliary air-using equipment.

2. Trouble-free Air — Intake filter cleans air of dirt and dust ... high-compression ring seal type of operation gives *positive* protection against air contamination.

3. Fast Recovery — *No operational delays.* From 0 to 60 PSI, tank fills in 61 seconds. Time between cut-in and cut-out is only 11.4 seconds.

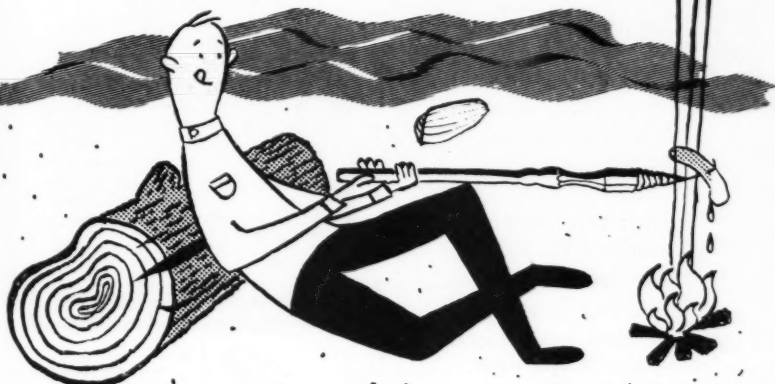
4. Quiet — The DeVilbiss is virtually noiseless. $\frac{3}{4}$ h.p. motor and compressor are on spring-mounted base. Entire operation is smooth.

Model 606: Height $26\frac{1}{2}$ " ... Length $30\frac{1}{8}$ " ... Width 15". Both models operate at 755 RPM ... Displace 5.49 CFM ... Deliver 4.0 CFM of free air at 40 PSI.

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Dr. NOZIT



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The non-slip gripping surface provides greater comfort and manipulative ease; thus eliminating muscular handstrain.

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Rustless with stainless steel points

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* Phospho- Soda (FLEET)



PERRY O'DONTAL Says:

"Stainless Silver Nitrate Therapy is the time-honored method to harden soft dentin and inhibit caries.

"Our **Formulas D-5 Ammoniated Silver Nitrate** and **D-6 Reducer** are the **IDEAL COMBINATION** for Stainless Silver Nitrate Therapy which sterilizes and hardens tooth structures.

"Write me for information on these and our other products. Order from your dealer."

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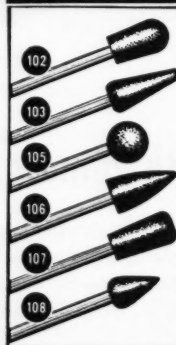
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"gives prolonged relief. Children and babies do not 'fight' it. It makes my work easier and parents happier." **OVER 15 YEARS** of professional use. Available at pharmacies in 1/4 oz. tubes. **Sample and Literature On Request**
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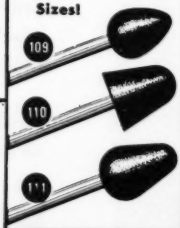
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TUNGSTEN CARBIDE Acrylic & Metal Trimmers



- Ideal for Acrylics—will not adhere, heat or clog
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NEW Sizes!



**FASTER CUTTING
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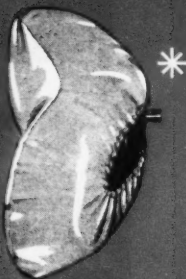
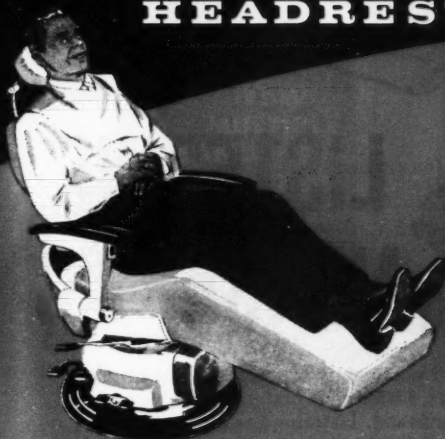
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Foam-Aire HEADREST



PATENT
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Featuring
a pneumatic
adjustable
cushion

With the increasing emphasis on more patient comfort to facilitate longer appointments, the dental chair headrest (along with the chair seat and back) has recently become the focal point of complete chair comfort.

Now, DENSCO offers the most advanced and functional headrest on the market—the FOAM-AIRE. With foam rubber-pneumatic cushion combination, this revolutionary new headrest can be adjusted to cradle the patient's head comfortably . . . and at the same time retain the head firmly for desired operating positions. Complete with sterilizable headrest cover and bracket for installation. Fits most dental chairs.

**ASK YOUR DENSCO DEALER
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PRODUCT



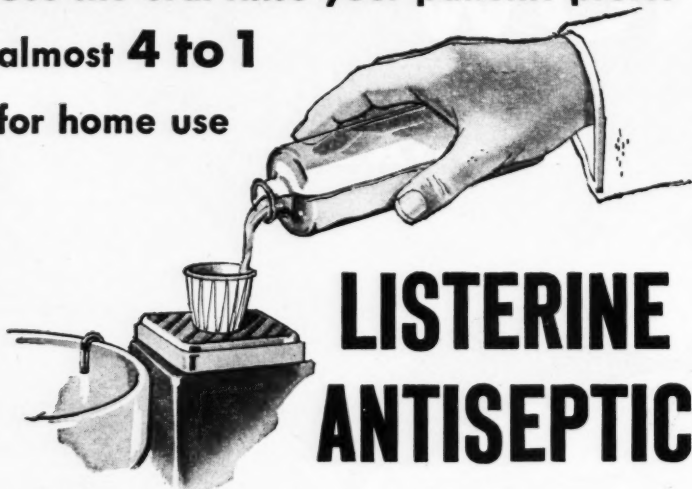
THE A-B-C COMFORT ZONES

The FOAM-AIRE headrest, used in conjunction with the DENSCO Postur-Dent Seat and Back, provides three important comfort zones which give full-body support: (A) seat and legs; (B) back and shoulders; (C) head and neck.

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Denver, Colorado

Use the oral rinse your patients prefer
almost **4 to 1**
for home use



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For home use, more men and women buy Listerine Antiseptic than any other mouthwash. In fact, Listerine is preferred by almost 4 to 1 over the next most popular brand. Listerine has a pleasant, brisk taste that patients like, and it leaves their mouths tingling clean.

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Diagnostic
Aid for
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See Energy
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Nothing for the Patient to Hold!

New... different... it's **POSITIVE!** Only Burton provides multiple bands of high frequency energy for determining tooth vitality to assure a new high degree of certainty. Now... never a doubt that the stimulus will reach pulp of tooth tested. If there is life there is a response. You **ALWAYS** know for sure!

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Rower SOF-TI saliva ejector with **replaceable tip**

*Only soft pure gum rubber tip comes in contact with tissue.

*Perforations do not clog, and are correctly spaced to eliminate **sucking up**, or "biting," tissue.

*SOF-TI Ejector is light, yet sturdy, and is angled to rest in the mouth with maximum comfort. SOF-TI Saliva Ejector and Tip are sterilized as one piece.

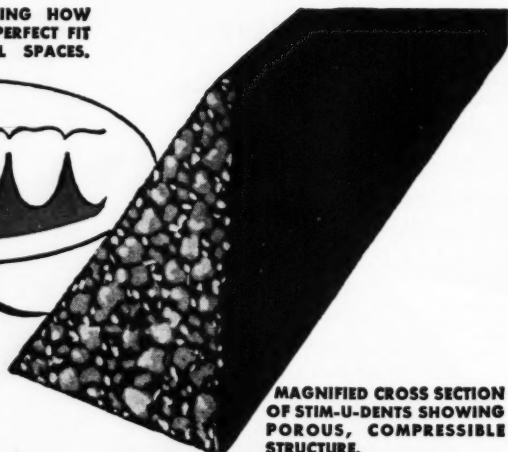
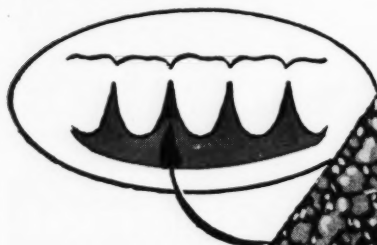
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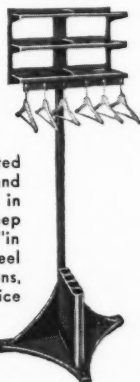


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CALCIUM HYDROXIDE
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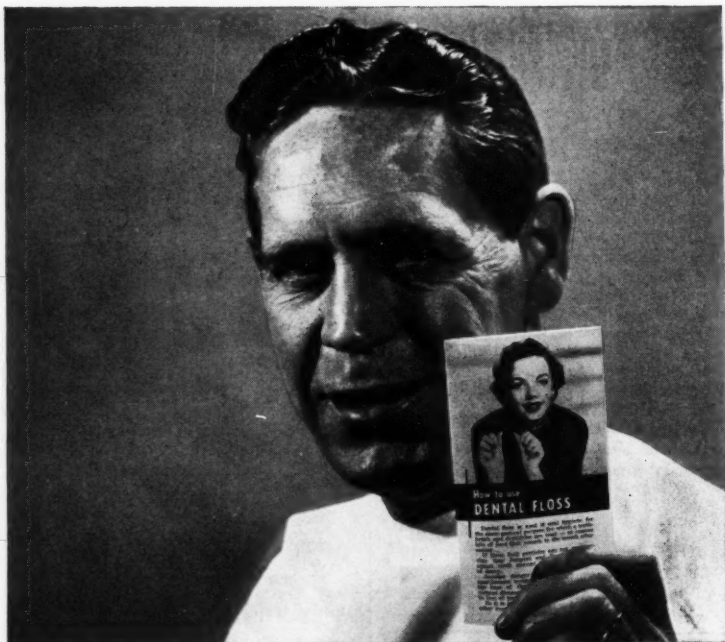
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Stocked by recognized dental supply houses.

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Just about half my patients should use Dental Floss. And I recommend it for both periodontal cases and routine use.

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(ZINC OXIDE-RESIN-EUGENOL PACK)

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Forms a smooth dressing
for protection of tissue after
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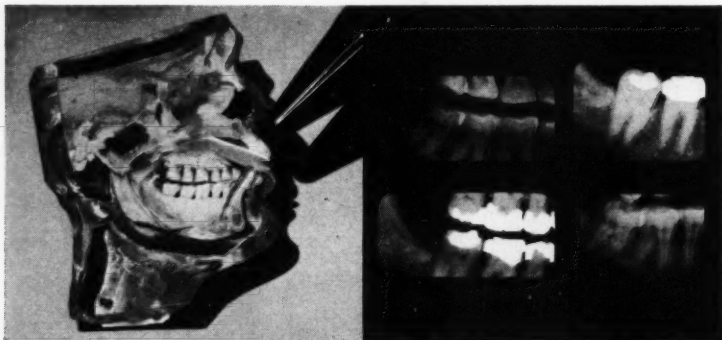
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Dental phantom showing oral cavity open and teeth separated approximately three-eighths of an inch to accommodate both bitewing and periapical films.

Periapical and bitewing radiographs of the phantom and human, made at 65 kv.p., 20 m.a.s., 8" dis. Du Pont Types "D" and "LF" Dental Films. X-rays showing metallic fillings were made with live patient.

Plastic x-ray model helps develop faster dental films

Reducing radiation exposure to human beings is of prime concern today. One successful aid to research in this field is the use of x-ray *phantoms*.

These phantoms are needed for continued study of radiation dosage, exposure techniques, and to develop faster films and screens. Ideally, a phantom should be life-size and transparent, containing human bones. The phantom material should be radiologically comparable to human tissue. A survey covering the 40 to 130 kv. peak range showed that a transparent material called Bio-Plastic met these requirements best.

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Du Pont "LF" Film makes split-second exposures possible. It permits low-powered x-ray units to be used and allows longer focal distances. Like all Du Pont Dental Films, "LF" comes in the familiar "Pull-A-Tab" packet. For more information about this and other fine Du Pont Dental X-Ray Films, write to: Du Pont Photo Products Dept., 2432A Nemours Bldg., Wilmington 98, Del.



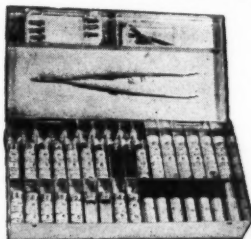
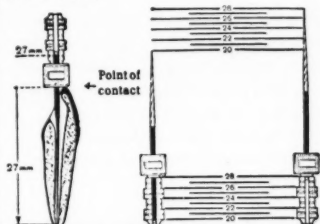
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... is a small and convenient adjustable handle, fitted with a scale. It can be adjusted with ease and rapidly to the exact length required. The scale makes it possible to vary the length even by fractions of a millimeter. Even in the case of drastic filing of the nerve canal, it is impossible to drive the instrument too deep, since it is brought to a halt through the contact between the shoulders of the Test-Handle and the top of the tooth.



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PRICES

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When ordering, specify K-type or Hedstrom.

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AMALGAM
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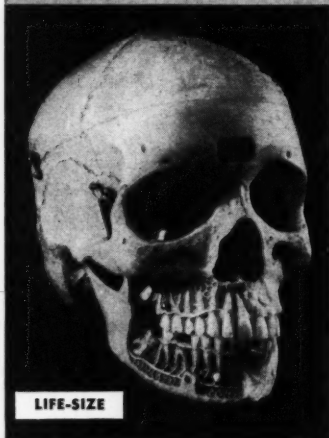


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Satisfaction guaranteed.

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These materials complement each other*



Coe-Flex . . the accurate rubber-base impression material is now available in your preferred viscosities. Coe-Flex *Injection Type* provides a *fluid mix*; Coe-Flex *Regular*, an *average mix*; and Coe-Flex *Heavy*, the *most viscous mix*. Just what you need for all impressions from single inlays, bridges, partials, to full dentures.

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"Thank You" only 19.50
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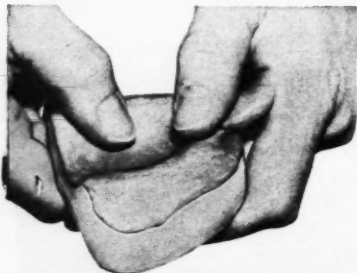
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Lang's mix gives you the time necessary to produce a superior personalized tray because you actually mold it up to the time it sets with no springback or subsequent chemical or dimensional change. Besides that... it's clean and non-sticky, no hand lubricants or water necessary. In fact, it's so easy to work, your dental assistant can do the job for you. Comes in Nile Blue, Mint Green and Bone White... providing excellent contrast to your impression material.

Try it... we guarantee you'll like it.

you get the best... for so little more

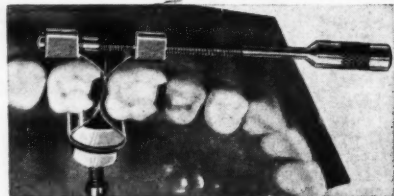
Lang

LANG DENTAL MFG. CO.

828 W. MONTROSE AVE. • CHICAGO 13, ILL.

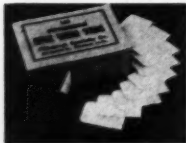
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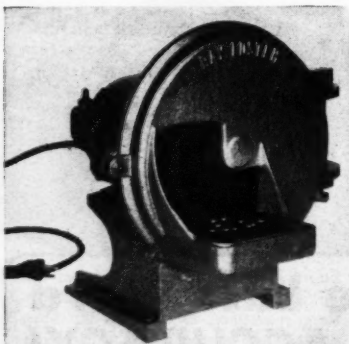
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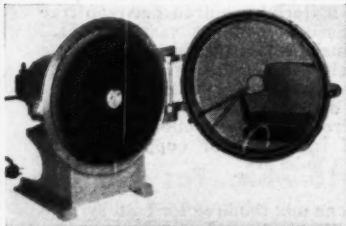
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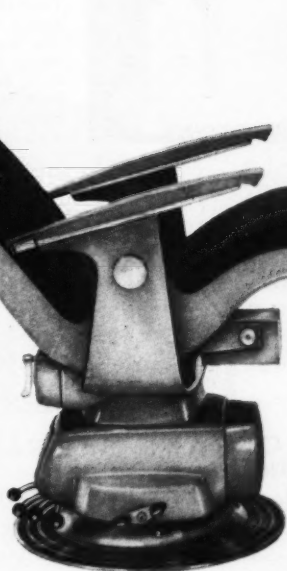
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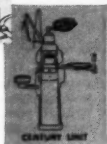
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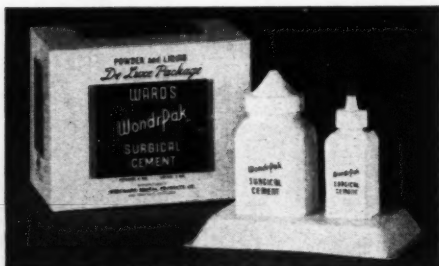
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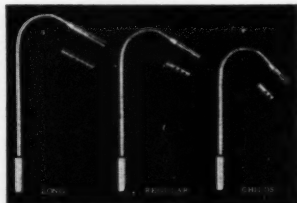
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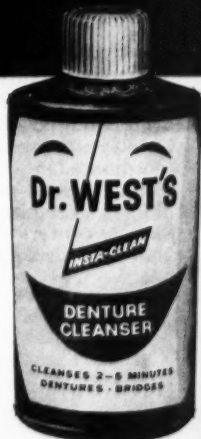
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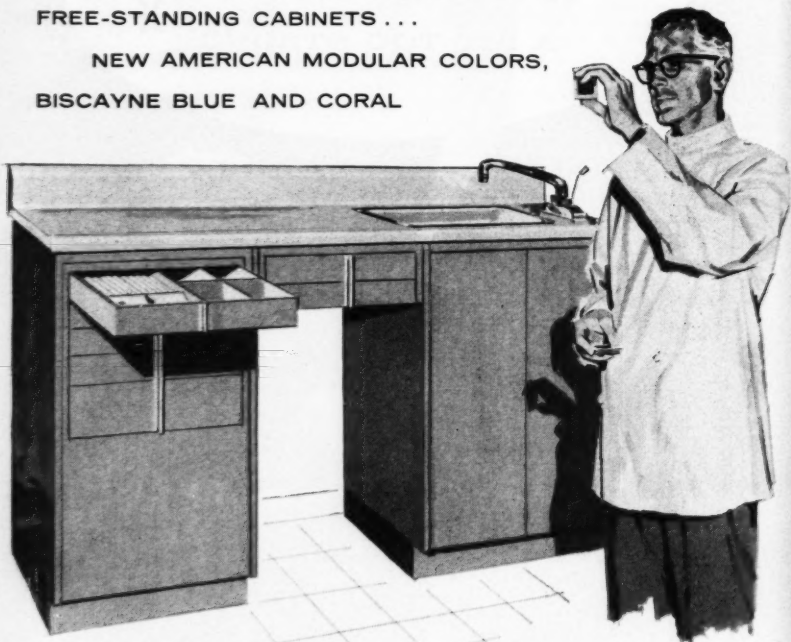
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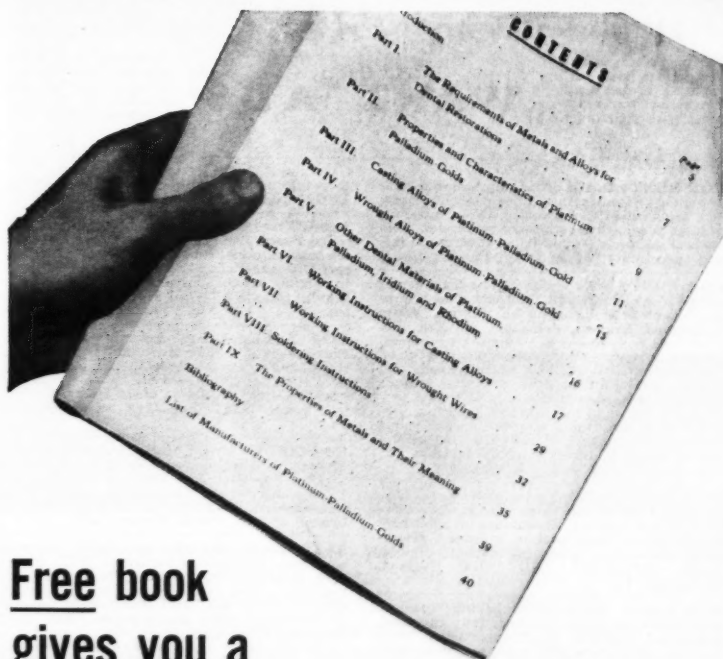


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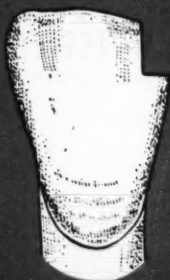
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Fig. 1



A pontic must restore function, be hygienic, meet esthetic demands, and it must be biologically acceptable to oral tissues. To fulfill these requirements some changes from normal tooth form (shown in Fig. 1) are necessary.

Fig. 2



Fig. 2 shows a 3 unit bridge. Narrowing the bucco-lingual width of the occlusal surface reduces the area exposed to masticatory forces. The lingual embrasures are widened to facilitate self-cleansing action and easier patient care.



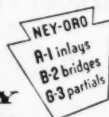
Fig. 3

Fig. 3 shows a 4 unit bridge. When lengthening the span, the occlusal surfaces are reduced still further. Both short and long span bridges have supplementary occlusal grooves and lingual spillways to prevent the packing of food in the occlusal fossae.

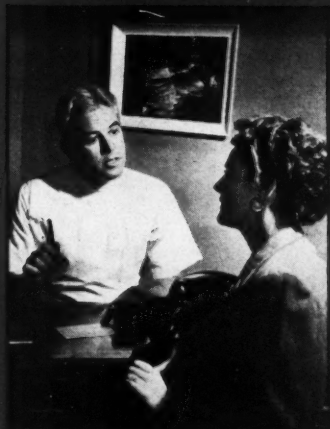
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